Case No.

In re. Investigation of election irregularities affecting Congressional District 9

Exhibit

4.2.6.2.1.2

Description: Absentee ballot return envelopes obtained from the Bladen County Board of Elections office for the 2018 primary election.

NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LUEL MCKEITHAN CAMPBELL
807 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

PO Box 1164 - Elizabethtown
Address where application and ballots should be mailed
NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Barbara J. Campbell	Wendell Campbell
Signature (Required)	Signature (Required)
Barbara J Campbell	P.O. Box 1164 - 807 Fox St
Street Address (Required)	Street Address (Required)
805 Fox St.	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
Elizabethtown NC 28337 Date 5/4/18	Date 5/4/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

The following people are PROHIBITED from signing the Witnesses' Certification:

JULIA SMITH
607 SMITH RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held [redacted] in which I am eligible to [redacted] eligible ballots.)

607 Smith Road, Riegelwood, NC 28456
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Marjorie L. Graham — 534 Smith Rd. Riegelwood, NC 28456
Name of Assistant Address of Assistant

X Marjorie L. Graham 4/20/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Jacqueline Kratos	Signature (Required) Hallee Mc Brown
Street Address (Required) 1078 Graham Rd.	Street Address (Required) 962 Dickson Rd.
City, State and Zip (Required) Riegelwood, NC 28456	City, State and Zip (Required) Riegelwood, NC 28456
Date 4/20/2018	Date 4/29/2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

Notary Public SEAL

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

YVONNE WALTERS CHRISTIAN
2850 BURNEY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]

2850 Burney Rd
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

4-6-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park Road Bladenboro NC 28320
Name of Assistant Address of Assistant

x Wendy D Hester 4-6-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Wendy D Hester
2850 Burney Road	371 Sunset Park Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-6-2018	4-6-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EARLINE SMITH AKINS
1003 BUTLER MILL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other electio[redacted]n eligible to particip[redacted].)

[redacted]
Signature of Voter (if applicable)

1003 Butler Mill Road
Address where application and ballots should be mailed

Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a notary [redacted] **Option 2** of the *Witnesses' Certificat*

X [redacted] 4/4/2018
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park Rd Bladenboro, NC 28320
Name of Assistant Address of Assistant

X Wendy D Hester 4-4-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
X Deborah Edwards	Wendy D Hester
Signature (Required)	Signature (Required)
157 Luther Brisson Rd	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-4-18 Date	4-4-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VANCE DONNELL HESTER
509 CHESTNUT ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ible ballots.)

[redacted]

509 Chestnut Street Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-10-2018
Signature (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 4-10-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
11 Richardson Rd.	371 Sunset Park Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-10-2018	4-10-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANTHONY VAN HESTER
6618 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]
Signature of Voter (if applicable)

6618 Center Road
Address where application and ballots should be mailed

Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3-25-18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Windy P Hester 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Windy P Hester 3/25/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Windy P Hester	Teresa Terrell Hester
Signature (Required)	Signature (Required)
371 Sunset Park Road	6618 Center Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/25/2018	3/25/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERESA FERRELL HESTER
6618 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

6618 Center Road
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3.25.18
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wesley D Hester 371 Sunset Park Rd. Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wesley D Hester 3/25/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wesley D Hester	Gracie Van Hester
Signature (Required)	Signature (Required)
371 Sunset Park Road	6618 Center Rd
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/25/2018	3-25-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY D CHESHIRE
417 S MAIN ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

PO Box 1014 Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Tonya D Long 600 North Main St Bladenboro NC
Name of Assistant Address of Assistant

X Tonya D Long
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Tonya Long	Wendy P Hester
Signature (Required)	Signature (Required)
600 North Main St	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-9-18	4-9-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILMA EVERS HESTER
11 RICHARDSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this [redacted]

100 Box 293 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification)

[redacted]

Date 4-7-2018

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro, NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 4-7-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	Donya Long
Signature (Required)	Signature (Required)
371 Sunset Park Road	600 North Main St
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-7-2018	4/7/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOE R ALLEN JR
105 ROBESON ST
TAR HEEL, NC 28392

UNA (REP) – BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

PO BOX 26 Tar Heel
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) 105 Robeson St	Street Address (Required) 163 Main St.
City, State and Zip (Required) Tar Heel NC 28392	City, State and Zip (Required) Tar Heel N.C 28392
Date 3-30-18	Date 3-30-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JIMMY LEE BRISSON
414 S ASHE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

P. O. Box 1266
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

3/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Deborah B. Edwards	Luann Estwick
Signature (Required)	Signature (Required)
157 Luther Brisson Rd	8912 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-30-18	3-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JESSICA DANIELLE CHRISTIAN
192 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

192 White Owl Loop Road
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3/22/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Windy D Hester 371 Sunset Park Road
Name of Assistant Address of Assistant

X Windy D Hester 3/22/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Windy D Hester	Jessica Ann Christian
Signature (Required)	Signature (Required)
371 Sunset Park Road	192 White owl loop Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/2018	3/22/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHERRY PAIT LONG
9933 NC 242 HWY S
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bo[redacted] Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] am eligible to [redacted] ots.)

[redacted]

9933 NC Hwy 242 South
Address where application and ballots should be mailed

Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

3-23-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Imya Long — Name of Assistant
600 North main Street Bladenboro NC 28320 — Address of Assistant
X Imya Long — Signature of Assistant
03/23/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Imya D Long	Wm D Horton
Signature (Required)	Signature (Required)
600 North main St.	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/2018	3/23/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN WADE HESTER
1208 STORMS RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]ible ballots.)

[redacted]

1208 Storms Rd Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

[redacted] 3/21/2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester — 1208 Storms Rd Bladenboro NC 28320
Name of Assistant — Address of Assistant

X Woody D Hester 3/21/2018
Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	James Barry Hester
Signature (Required)	Signature (Required)
371 Sunset Park Rd	1208 Storms Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/2018	3/21/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID HUGH SAMPSON
1254 ZION HILL CHURCH RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] receive eligible ballots.)

PO Box 1230 Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3/31/2018
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody P Hester
Name of Assistant

Address of Assistant

X Woody P Hester 3/31/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody P Hester	Nancy Sampson
Signature (Required)	Signature (Required)
371 Sunset Park Rd	PO Box 1230
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/31/2018 Date	City, State and Zip (Required) 3-31-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL GLENN KELLY
3332 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

3332 Old Abbottsburg Rd
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3/31/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park Road Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wendy P Hester 3/31/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Dolores Pearson Kelly	Wendy P Hester
Signature (Required)	Signature (Required)
3332 Old Abbottsburg Rd	371 Sunset Park Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/2018 Date	3/31/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASON DEWAYNE ROBINSON
502 VILLAGE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bo[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for [redacted] to

[redacted]

PO Box [redacted] Bladenboro, NC
Address where application and ballots should be mailed

502 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

4-9-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Tonya D King — Name of Assistant
600 North Main St Bladenboro — Address of Assistant
X Tonya D King — Signature of Assistant
4-9-18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Tonya King	Wm S P Hester
Signature (Required)	Signature (Required)
600 North Main St	371 Sunset Road
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-9-18	4-9-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY WAYNE CHRISTIAN SR
2850 BURNEY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] ballots.)

2850 BURNEY ROAD
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: Wendy D Hester — Address of Assistant: 371 Sunset Park Road. Bladenboro, NC 28320

X Wm D Hester — 3/26/2018
Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wm D Hester	[signature]
Signature (Required)	Signature (Required)
371 Sunset	192 White Oak Leaf ROAD
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	BLADENBORO NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/26/2018	3/26/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TONYA DENISE LONG
600 N MAIN ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

600 North Main Street, Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 03/22/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road
Name of Assistant Address of Assistant Bladenboro, NC 28320

X Woody D Hester 3/22/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	Tonya D. Long
Signature (Required)	Signature (Required)
371 Sunset Park Rd	9933 NC Hwy 242 South
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/2018	3/22/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARBARA PAIT SKIPPER
418 S ASHE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bo

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

P.O. Box 131
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-4-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy P Hester 371 Sunset Park Road Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wendy P Hester 4-4-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Deborah Edwards	Wendy P Hester
Signature (Required)	Signature (Required)
157 Luther Brisson Rd.	371 Sunset Park Road
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-4-18	4-4-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STELLA LEE EVANS
20 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

20 White Owl loop Road
Address where application and ballots should be mailed

Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted] 3/22/2018
Si[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park Rd. Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wendy D Hester 3/22/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Virgil H Christa	Wendy D Hester
Signature (Required)	Signature (Required)
20 White owl loop Road	371 Sunset PARK Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required) 3/22/2018 Date	City, State and Zip (Required) 3/22/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AUDREY ANTHONY ATKINSON
304 VILLAGE ST # 2C
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

304 Village St 2C
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/22/2018
Signature Date

Name

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd Bladenboro, NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 3/22/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	Tonya Long
Signature (Required)	Signature (Required)
371 Sunset Park Rd	1000 North main Street
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/2018 Date	3/22/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIRGIL HERMAN CHRISTIAN
20 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP -- BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

20 White owl loop Road
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3/22/2018
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wanda D Hester 371 Sunset Park Road
Name of Assistant Address of Assistant Bladenboro, NC 28320

X Wanda D Hester 3/22/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wanda D Hester	[signature]
Signature (Required)	Signature (Required)
371 Sunset Park Road	192 White owl Loop Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/2018	3/22/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY FRANCES ADAMS
11316 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-21-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester | 371 Sunset Park Rd | Bladenboro NC 28320
Name of Assistant | Address of Assistant

X Woody D Hester | 4-21-2018
Signature of Assistant | Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Mildred Ludlum	Woody D Hester
Signature (Required)	Signature (Required)
11408 Center Rd.	371 Sunset Park Road
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-21-18	4-21-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public | Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MILDRED B LUDLUM
11408 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

11408 Center Rd Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-18-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 4-18-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Mary F. Adams	Woody D Hester
Signature (Required)	Signature (Required)
11316 Center Rd	371 Sunset Park Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-18-18	4-18-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TASHA LEE TODD
492 BURNEY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ible ballots.)

S[redacted]

Same As Above
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/26/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wendy D Hester 4-26-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wendy D Hester	Tonya Long
Signature (Required)	Signature (Required)
371 Sunset Park Road	600 North Main St
Street Address (Required)	Street Address (Required)
Bladenboro N.C 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-26-2018	4-26-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT EARL BYRD
309 MIDWAY DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to p[redacted]le ballots.)

Si[redacted]

309 Midway DR.
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 3-21-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
416 Butters Cemetery Rd.	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18	3-21-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID EARL LUDLUM JR
11314 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this [redacted]

[redacted]
11314 Center Rd Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wm D Hester 4/16/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Stella Kay Ludlum	Signature (Required) Wm D Hester
Street Address (Required) 11314 Center Road	Street Address (Required) 371 Sunset Park Rd
City, State and Zip (Required) Bladenboro, N.C. 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 4/16/18	Date 4/16/2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOAN PHYLLIS WILLIAMS
16035 NC 242 HWY S
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

16035 NC 242 Hwy S,
Address where application and ballots should be mailed
Bladenboro, N.C. 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-17-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Windy P Hester 371 Sunset Park Rd Bladenboro, NC 28320
Name of Assistant Address of Assistant

Windy P Hester 4-17-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Windy P Hester
192 White Cedar Loop Rd.	371 Sunset Park Rd.
Street Address (Required)	Street Address (Required)
Bladenboro, NC. 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-17-18	4-17-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASPER LUCAS SMITH
34 LEMONBALM DR
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]

34 Lemonbalm Dr. Elizabethtown NC 28337
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-21-18
Name Correction (if applicable) Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James R Singleton	Wesley D Hester
Signature (Required)	Signature (Required)
216 WEBB FALK RD	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-21-18	4-21-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FRANK SMITH SR
10759 S COLLEGE ST # 1B
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Boat[redacted]

[redacted]

Signature of Voter (if applicable)

10759S College St #1 Bladen NC
Address where application and ballots should be mailed 28433

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of [redacted] ballot (the *...ertification)*

☐ [redacted] *Witnesses'*

[redacted] 4-9-18
...ate

Name Correction (if applicable)

...ter Assistant Certification (if applicable)

...rtify that: • The voter requested my assistance • I assisted the ...er by marking the ballot only according to the Voter's instruction; ...or I assisted the Voter in completing the *Absentee Application and ...tificate* • I assisted the Voter only in the Voter's presence • I am ...Voter's near relative or verifiable legal guardian, or I am providing ...stance because a near relative or legal guardian is unavailable to ...st the Voter.

Lola Webster 108 Lewis DR E-Town 28337
Name of Assistant Address of Assistant

x Lola Webster 4-9-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Lola Webster	Signature (Required) Jorune Baldwin
Street Address (Required) 108 Lewis DR	Street Address (Required) 617 Jacobs Loop Rd
City, State and Zip (Required) Elizabethtown 28337	City, State and Zip (Required) Bolton NC 28423
Date 4-9-18	Date 4-9-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GENE W KINLAW
1132 J A CARROLL RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

1132 J.A. Carroll Road
Address where application and ballots should be mailed
Bladenboro, NC. 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-11-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Reshe Shaw	Signature (Required) Shannon G Allen
Street Address (Required) 1162 J.A. CARROLL ROAD	Street Address (Required) 1162 J. A. CARROLL ROAD
City, State and Zip (Required) BLADENBORO NC 28320	City, State and Zip (Required) BLADENBORO NC 28320
Date 4-11-18	Date 4-11-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL JAMES BAXLEY
1172 GRIMSLEY FARM RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] igible to

[redacted]

P.O. Box 741 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-10-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Bella Edwards
Signature (Required)	Signature (Required)
210 Pine Ridge Cir	104 Pecan St. Apt 36
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-10-18	4-10-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES THOMAS WHITFIELD
10759 S COLLEGE ST # 1E
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar [redacted] ible to

[redacted] 4-9-18

10759 S College St Clarkton NC 28433
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public [redacted] esses'

[redacted] 4/9/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Wooten	Gloria Demery
Signature (Required)	Signature (Required)
108 Lewis DR	10759 S College St Apt 1E
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4-9-18	4-9-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHN ELMO JONES
10759 S COLLEGE ST # 1D
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to ve eligible ballots.)

[redacted]

10759 College # 1D
Address where application and ballots should be mailed
Clarkton NC 28433

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

4-9-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X _____
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Wooten	
Signature (Required) 10 @ Lewis DR	Signature (Required) Phil Weldon
Street Address (Required) Elizabethtown NC 28337	Street Address (Required) 10159 S college St. Apt. 1A
City, State and Zip (Required) 4-9-18 Date	City, State and Zip (Required) Clarkton N.C. 28433 Date 4-9-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WOODY DARREL HESTER
371 SUNSET PARK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

PO Box 1267 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 3/22/2018
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Anya Long	Jamie B Hester
Signature (Required)	Signature (Required)
600 North main street	1120 8 Storms Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required) 3/22/2018 Date	City, State and Zip (Required) 3/22/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GLORIA ELAINE DEMERY
10759 S COLLEGE ST # 1F
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eligible ballots.)

[redacted]

10759 College St # 1F Clarkton NC 28433
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4/9/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lala Weeks	Charles Critchfield
Signature (Required)	Signature (Required)
108 Lewis Dr	10759 College St #Pt 1F
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Clarkton NC 28433
City, State and Zip (Required) 4-9-18 Date	City, State and Zip (Required) 4-9-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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TERRY LEE DOVE
4471 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] igible to

Signature of Voter (if applicable)

PO BOX 523 Bladenboro N.C. 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-6-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Cynthia B Dove	Lottie J Dixon
Signature (Required)	Signature (Required)
4471 Old Abbottsburg Rd	901 Village St
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4-6-18 Date	City, State and Zip (Required) 4-6-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONALD WINFRED LONG
9933 NC 242 HWY S
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ble ballots.)

[redacted]
Signature of Voter (if applicable)

9933 NC Hwy 242 South
Address where application and ballots should be mailed
Bladenboro NC
28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a no[redacted]tion 2 of the *Witnesses' Cert*

X [redacted] 3-23-18
Signa[redacted] Date

[redacted]
Nam[redacted] (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Jonya Long 600 Northmain
Name of Assistant Address of Assistant
Bladenboro, NC 28320

X Jonya Long 3/23/18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jonya Long	Jerry P Long
Signature (Required)	Signature (Required)
600 North main Street	9933 NC Hwy 242 South
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/2018	3/23/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KASSIDY DELANE THOMPSON
2751 NC 410 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

2751 Hwy 410
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

Si [redacted] 4/1/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
2751 Hwy 410	2751 HWY 410
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4-1-18	City, State and Zip (Required) 4-1-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUFUS RALPH DUCKWORTH III
200 PARSON ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

200 Parson Street Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-30-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park Road Bladenboro NC
Name of Assistant Address of Assistant

W D Hester 3/30/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Georgia Duckworth	W D Hester
Signature (Required)	Signature (Required)
200 Parson ST	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-30-18 Date	3/30/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM NEIL JACKSON
484 PAGES LAKE RD
ST. PAULS, NC 28384

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

P.O BOX 496 DUBLIN NC
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted] 3-30-18
Si Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Renie Priest Yarnell	Signature (Required)
Street Address (Required) 521 Armfield St.	Street Address (Required) 7798 Albert St
City, State and Zip (Required) Dublin, N.C. 28332	City, State and Zip (Required) Dublin NC 28332
Date 3-30-18	Date 3-30-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PHYLLIS CARROLL BRISSON
414 S ASHE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

P.O. Box 12666
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

X [redacted] 3-30-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Deborah B. Edwards	Deann E Hester
Signature (Required)	Signature (Required)
157 Luther Brisson Rd	8912 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-30-18 Date	3.30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notanal seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BOBBY DALE BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

PO Box 946 Bladenboro
Address where application and ballots should be mailed
NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/9/18
Signature of Voter (Required) Date

PO Box 946 Bladenboro NC 28320
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Outlaw	James Outlaw
Signature (Required)	Signature (Required)
219 Hemlock Dr	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC
City, State and Zip (Required)	City, State and Zip (Required)
4/9/18	28320 4-9-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN RYAN BORDEAUX
8104 NC 41 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]

8104 NC HWY 41 W
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] must complete **Option 2** of the *Witnesses'*

S[redacted] 4/10/18
Date

N[redacted]

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Linya Long — Name of Assistant
600 North Main St Bladenboro NC 28320 — Address of Assistant
X Linya Long — Signature of Assistant
4-10-18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
J. Bordeaux	Linya Long
Signature (Required)	Signature (Required)
8104 NC Hwy 41 W	600 North Main St
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-10-18	4-10-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____
COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

APRIL FIELDS
12042 NC 211 HWY W
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to [redacted]igible ballots.)

[redacted] 3-29-18

12042 HWY 211 Bus. Bladenboro 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-29-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Christopher S. Mclaughlin	Randy Deaver
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
91 W 5th Street	12016 HWY 211 Bus.
City, State and Zip (Required)	City, State and Zip (Required)
Dublin NC 28332 3/29/18 Date	Bladenboro N.C. 28320 3-29-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEE ANN HERRING
901 BALL PARK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted]ible ballots.)

P.O Box 792 Bladenboro NC. 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

3-27-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kim Turner	Bobbie Edwards
Signature (Required)	Signature (Required)
Slate Webb Faulk Rd	104 Pecan Street Apt 3C
Street Address (Required)	Street Address (Required)
Bladenboro	Bladenboro NC Apt 3C
City, State and Zip (Required) N.C 28320 3-28-18	City, State and Zip (Required) 3-28-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KAYLA NOEL WALTERS
15048 NC 242 HWY S
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted] ballots.)

15048 NC 242 S Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] tion 2 of the *Witnesses'* C[redacted]

X [redacted] 3/29/18
Signature of Voter Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Connie D. Bullard	Jmeter Wall
Signature (Required)	Signature (Required)
63 Kelly St	113 Pine Lake Circle SW
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	CTB NC 28469
City, State and Zip (Required) 3/29/18 Date	City, State and Zip (Required) 3/29/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DARLENE DOVE GAUSE
4447 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

PO Box 662 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'* 4-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Lorelle DiCicco	Signature (Required) Ashli Watts
Street Address (Required) 901 Village St PO Box 919	Street Address (Required) PO Box 99
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 4-3-18	Date 4-3-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES ROBERT SINGLETARY
216 WEBB FAULK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]

[redacted]

PO Box 239 BLADENBORO, NC
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☒ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 22 day of March, 20 18, the voter James Robert Singletary personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 163-230]

STATE OF North Carolina
COUNTY OF Columbus

Caroline P Moore 5/1/2022
Notary Public Commission Expiration Date

Caroline P Moore Notary Public Columbus County, NC My Commission Expires 5/1/2022

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES HERMAN CHRISTIAN
192 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]

192 White owl loop Road
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a n[redacted] of the *Witnesses'* Ce[redacted]

X [redacted] 3/22/18
Sign[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro NC
Name of Assistant Address of Assistant

X Woody D Hester 3/22/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	Phyllis Ann Christian
Signature (Required)	Signature (Required)
371 Sunset Park Road	192 White Owl Loop Rd.
Street Address (Required)	Street Address (Required)
Bladenboro, NC	Bladenboro, N.C 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/2018	03-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIMMIE RANDLE THOMPSON
13004 NC 131 HWY
BLADENBORO, NC 28320

UNA (DEP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

13004 Hwy 131 N Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] the *Witnesses'*

4-20-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
318 North Main	318 North Main St
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/20/18 Date	4-20-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARILYN DENICE LOCKLEAR
2015 NC 211 HWY W
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted] 4-17-18

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-17-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
219 Hemlock Dr	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C.
City, State and Zip (Required)	City, State and Zip (Required)
4-17-18 Date	28320 4-17-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY GINTEL LEINWAND
2206 SECOND AVE
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted] 4/29/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) 304 Woodland Dr	Street Address (Required) 304 Woodland Dr.
City, State and Zip (Required) Elizabethtown N.C.	City, State and Zip (Required) Elizabethtown N.C.
Date 4/29/18	Date 4/29/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY STEVE NANCE
112 GRACE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted]gible ballots.)

112 Grace Street Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] 2 of the *Witnesses' Ce*

X [redacted] 3-30-2018
Sig [redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Windy D Hester 371 Sunset Park Road Bladenboro NC 28320
Name of Assistant Address of Assistant

X Windy D Hester 3/30/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Windy D Hester	Shelia B Prevatt
Signature (Required)	Signature (Required)
371 Sunset Park Rd	357 Lennon Bay DR
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/2018 Date	3/30/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PHILLIS ANN CHRISTIAN
192 WHITE OWL LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boar[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

192 White owl loop Road
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a[redacted]f the *Witnesses'* C[redacted]

S[redacted] 03-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
371 Sunset Park Road	192 White owl loop Road
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-22-2018	3/22/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL LANE WEAVER
9072 TWISTED HICKORY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] to

[redacted]
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-31-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd Bladenboro. NC 28320
Name of Assistant Address of Assistant

X 3/31/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
9072 Twisted Hickory Rd.	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/31/2018 Date	3/31/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRAHAM WAYNE HESTER
668 SUNSET PARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

668 Sunset Park Rd Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] on 2 of the *Witnesses'* C[redacted]

X [redacted] 3-26-2018
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester
Name of Assistant — Address of Assistant

X Woody D Hester 3/26/2018
Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	Henria L Hester
Signature (Required)	Signature (Required)
371 Sunset Park Road	668 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/26/2018	3/26/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JENNIFER NOELE HESTER
668 SUNSET PARK RD
BLADENBORO, NC 28320

UNA (REP) BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

668 Sunset Park Rd Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary [redacted] **Option 2** of the *Witnesses' Certification*

X [redacted] 3/26/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd
Name of Assistant Address of Assistant Bladenboro, NC 28320

X Woody D Hester 3/26/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	Brittany Wagner
Signature (Required)	Signature (Required)
371 Sunset Park Rd	6687 Sunset Park Road
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/26/2018	3-26-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FLOYD FRANKLIN EVERS
264 LUTHER BRISSON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that

[redacted]

264 Luther Brisson Rd
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4-2-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Windy P Hester 371 Sunset Park Rd Bladenboro, NC 28320
Name of Assistant Address of Assistant

Windy P Hester 4/2/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Deborah B. Edwards	Windy P Hester
Signature (Required)	Signature (Required)
157 Luther Brisson Rd	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-2-18	4-2-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES BARRY HESTER
1208 STORMS RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] ible to

Signature of Voter (if applicable)

1208 Storms Road Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'* C[redacted]

X [redacted] 3/21/2018
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road
Name of Assistant Address of Assistant

X Woody D Hester 3/21/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	Joan Storms
Signature (Required)	Signature (Required)
371 Sunset Park Road	1208 Storms Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/2018	3/21/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARIE CAIN
322 SUNSET PARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signa[redacted]

322 Sunset Park Road
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certi*[redacted]

X [redacted] 3/22/2018
Signat Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

I Woody D Hester 371 Sunset Park Road Bladenboro
Name of Assistant Address of Assistant

X Woody D Hester 3/22/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Mary F. Adams	Woody D Hester
Signature (Required)	Signature (Required)
11316 Center Rd.	371 Sunset Park Road
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-22-18	3/22/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH BRISSON EDWARDS
157 LUTHER BRISSON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

157 Luther Brisson Rd
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 311 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wendy D Hester 3/30/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Luann E Hester	Wendy D Hester
Signature (Required)	Signature (Required)
8912 Center Rd.	311 Sunset Park Road.
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-30-18	3/30/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RODNEY GRANT LOWE
410 ANNE ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that th[redacted] any other el[redacted] eligible to pa[redacted]

Sig[redacted]

410 Anne Street Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a no[redacted] 2 of the *Witnesses' Certi*

X [redacted] 3/30/2018
Signat[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 3/30/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	Claudette Drury
Signature (Required)	Signature (Required)
371 Sunset Park Road.	803 N. Main St
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/2018 Date	3/30/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN ALEXANDER BUIE
315 FOREST DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boar

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the *Witnesses'*

[redacted] 4-17-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wendy D Hester 4-17-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Deborah Edwards	Wendy D Hester
Signature (Required)	Signature (Required)
157 Luther Brisson Rd	371 Sunset Park road
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-17-18	4-17-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY STOCKS BUIE
315 FOREST DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar [redacted] am eligible to participate. (Ch[redacted]ots.)

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must comp[redacted]ion 2 of the *Witnesses' Certification*)

[redacted]

4-17-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park road Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wendy D Hester 4-17-2018
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Deborah Edwards	[redacted]
Signature (Required)	Signature (Required)
157 Luther Brisson Rd	371 Sunset Park rd,
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-17-18	4-17-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GELLA KAY LUDLUM
11314 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

Signature of Voter (if applicable)

11314 Center Rd Bladenboro NC 28326
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy P Hester 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wendy P Hester 4-16-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
David Earl Ludlum	Wendy P Hester
Signature (Required)	Signature (Required)
11314 Center Road	371 Sunset Park RD
Street Address (Required)	Street Address (Required)
Bladenboro N.C.	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
28320 4/16/18	4-16-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA JERNIGAN DUCKWORTH
200 PARSON ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

200 Parson Street Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3-30-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro, NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 3/30/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rufus R Duckworth III	Woody D Hester
Signature (Required)	Signature (Required)
200 Parson Street	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-30-18	3/30/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JARED ALEXANDER WEST
9072 TWISTED HICKORY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 4-7-18
S[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester 371 Sunset Park Rd Hallenbo NC
Name of Assistant Address of Assistant

X Wendy D Hester 4-7-2018 28320
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Wendy D Hester
Signature (Required)	Signature (Required)
9072 Twisted Hickory Rd	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-1-18	4/7/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIFFANY LEIGH WEAVER
9072 TWISTED HICKORY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to pa[redacted]

Sig[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-7-18
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 311 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 4/7/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notanal seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NICHOLAS MICHAEL WARD
273 HOLLY ST
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a not[redacted]of the *Witnesses' Certi*

X _____ 4-16-18
Signat[redacted] Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Derek Dwyck	Cynthia Dwyck
Signature (Required)	Signature (Required)
273 Holly St	273 Holly St
Street Address (Required)	Street Address (Required)
City, State and Zip (Required) Tar Heel, NC 28392	City, State and Zip (Required) Tar Heel NC
4-16-18 Date	4-16-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AUSTIN WILLIAM RESENDIZ
27 BETHEL CHURCH RD
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-30-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles Ott
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	307 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-20-18	4-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TYNE DEONA FARMER
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4-27-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Shirley Cherry	Annie M. Lewis
Signature (Required)	Signature (Required)
820 Moultrie Ln	300 Hill St.
Street Address (Required)	Street Address (Required)
Elizabethtown N.C. 28337	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4-27-18 Date	N.C. 28337 4.27.2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OTHELLA JANE HEFLIN
11315 TWISTED HICKORY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-24-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Donna Outlaw
Signature (Required)	Signature (Required)
210 Pine Ridge Cir	219 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4-24-18 Date	City, State and Zip (Required) 4-24-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BERNICE TROY MCDOWELL
43 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

[redacted] 4-29-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Woman [redacted] Howard
Signature (Required)	Signature (Required)
43 Troy Willis Dr.	43 Troy-Willis DR.
Street Address (Required)	Street Address (Required)
Council, NC 28434	council N.C. 28434
City, State and Zip (Required) 4/29/18 Date	City, State and Zip (Required) 4-29-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

IRA WAYNE TROY JR
55 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ ~~two (2)~~ witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-28-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Matthew Troy	[illegible]
Signature (Required)	Signature (Required)
55 Troy Willis Dr	123 Charles DR
Street Address (Required)	Street Address (Required)
Council NC 28434	Council, NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
4/28/18 Date	4/28/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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JERRY WAYNE AUTRY
303 PECAN ST # 3C
BLADENBORO, NC 28320

REP: - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-23-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Print Name (Required)	Print Name (Required)
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSHUA RYAN AUTRY
303 PECAN ST # 3C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4/23/18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES HENRY THOMPSON JR
6822 JOHNSONTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

James H Thompson JR 5-3-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
3360 Jack Rackley Rd	6823 Johnsontown Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
5/3/18	5-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHATOYA LADSON
6823 JOHNSONTOWN RD
ELIZABETHTOWN, NC 28337

UNA (DEM) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X Shatoya Ladson 5-3-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
3360 Jack Richards	6873 Johnsontown Rd
Street Address (Required)	Street Address (Required)
Elizabethtown, N.C	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
5/3/18 Date	5-3-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WARREN KENT MCDOWELL
43 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

Boar [redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-29-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID ALEXIS CAMPOS
178 BUTTERS LOOP RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-26-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Rebecca Thompson
210 Pine Ridge Cir	303 Pecan St. Apt. 56
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-26-18 Date	4-26-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KARRIE ANNE PACKER
114 LEWIS ST # B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-17-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Karrie Packer
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	129B MLK Jr. Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4-17-18 Date	City, State and Zip (Required) 4-17-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTOPHER GLEN ROSE
664 GOVERNORS ESTATE DR
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the [redacted] *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4-15-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Frances H Rose	[redacted]
Signature (Required)	Signature (Required)
1661 Governors Estate	3218 Old NC 41 D
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Hallsboro NC 28328
City, State and Zip (Required)	City, State and Zip (Required)
4-15-18	4/15/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WINSTON LARUE LEACH
145 IDA'S LN
CLARKTON, NC 28433

UNA (DEM) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

X [redacted]
Sig

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Dora Wright	Signature (Required): Daisy S. McKoy
Street Address (Required): 708 Hackney St.	Street Address (Required): 76 Pcw 14 Gooden Rd.
City, State and Zip (Required): Elltown NC 28337	City, State and Zip (Required): Ellz Abbottown, N.C.
Date: 4-30-18	Date: 4/30/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SELINA MARIE PAIT
105 PECAN ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 4/24/18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	Wesley B Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	1676 NC Hwy 211 West
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4/24/18 Date	4/24/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOU JEAN CROMARTIE
4890 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-29-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James Cromartie	Alisha Person
Signature (Required)	Signature (Required)
4890 Lisbon RD	4890 Lisbon Rd
Street Address (Required)	Street Address (Required)
Clarkton, NC, 28344	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
Date	4/29/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SYLVESTER WILLIS
73 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 4-29-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Matthew Troy	Bethe B. Troy
Signature (Required)	Signature (Required)
55 Troy Willis Dr	55 Troy Willis Dr.
Street Address (Required)	Street Address (Required)
Council NC 28434	Council N.C. 28434
City, State and Zip (Required)	City, State and Zip (Required)
4/29/18	4-29-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRITTANY NICOLE BENSON
404 MARSHALL CAIN RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

[redacted] 4/27/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Rebecca Thompson	Charles Ould
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-27-18 Date	4-27-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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DEAN COLE BRISSON
61 BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☑ **Second Primary Request or Runoff Request**
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[redacted]

61 Brisson Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 5/4/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

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(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Signature (Required)	Signature (Required)
142 Brisson Rd	142 Brisson Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 5-4-2018 Date	City, State and Zip (Required) 5-4-2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

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COREY LAVON RICHARDSON II
168 WHITE MCEWEN RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 5/3/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lisa A Richardson	Betty C. Davis
Signature (Required)	Signature (Required)
168 White McEwen Rd	73 White McEwen Rd.
Street Address (Required)	Street Address (Required)
Clarkton, NC 28433	Clarkton N.C. 28433
City, State and Zip (Required)	City, State and Zip (Required)
5-3-2018	5.3.2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALLEN WAYNE STANLEY
8064 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-25-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Bernie P. Darnell	W Allison N Jackson
Signature (Required)	Signature (Required)
52 Armfield St.	P.O. Box 496
Street Address (Required)	Street Address (Required)
Dublin, N.C. 28332	DUBLIN NC 28332
City, State and Zip (Required) 4-25-18 Date	City, State and Zip (Required) 4-25-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY SHURRON MARTIN
89 MCDOWELL RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a not[redacted]he *Witnesses' Certif*

X _____ Date
Signatu

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Natasha Rogers	Signature (Required) Angelia P. Martin
Street Address (Required) 911 Martin Luther King Dr	Street Address (Required) 599 NC Hwy 87
City, State and Zip (Required) E-town NC 28337	City, State and Zip (Required) E-Town NC 28337
Date 5/4/2018	Date 5/4/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA ANN RICHARDSON
168 WHITE MCEWEN RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 5-2-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Betty C. Davis	Cindy L. Richards
Signature (Required)	Signature (Required)
73 White McEwen Rd.	168 White McEwen Rd
Street Address (Required)	Street Address (Required)
Clarkton NC 28433	Clarkton NC 28433
City, State and Zip (Required) 5-2-2018 Date	City, State and Zip (Required) 5-2-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BETTY CALLIHAN DAVIS
73 WHITE MCEWEN RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 5.3.2018
Date

_____
Voter's Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lisa A. Richardson	Casey L. Richardson II
Signature (Required)	Signature (Required)
168 White McEwen Rd	168 White McEwen Rd
Street Address (Required)	Street Address (Required)
Clarkton, NC 28433	Clarkton, NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
5-3-2018	5/3/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FRANCES H BUTLER
413 S ASHE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] 2 of the *Witnesses'*

5/7/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
219 Hemlock Drive	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro N.C
City, State and Zip (Required)	City, State and Zip (Required)
5-7-18	5-7-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THERMAN MONTGOMERY
69 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public [redacted] of the *Witnesses'*

Date

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Dijeesha Murchison	Signature (Required) Casandra Murchison
Street Address (Required) 81 Monroe Family Circle	Street Address (Required) 81 Monroe Family Circle
City, State and Zip (Required) Council NC 28434	City, State and Zip (Required) Council NC 28434
Date 4-29-18	Date 4-29-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JENEAN WILLIS
753 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

[redacted] 2 of the *Witnesses'*

5-6-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Agnes Willis	Marlene Power
Signature (Required)	Signature (Required)
761 Wh. Plains Ch. Rd	770 Clyde Hatcher Rd
Street Address (Required)	Street Address (Required)
Clarkton, NC 28433	Council NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
5-6-18	5-6-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notanal seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital; clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY A BUTLER
413 S ASHE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Butler	Charles Butler
Signature (Required)	Signature (Required)
219 Hemlock Drive	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC
City, State and Zip (Required)	City, State and Zip (Required)
5-7-18	5-7-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RHONDA FLEMMING BELTON
3332 JACK RICHARDSON RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or verifiable legal guardian is unavailable to assist the Voter

[redacted]

5/7/18
Date

BE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Dorothy B. Johnson	Signature (Required) Dollar Johnson
Street Address (Required) 3340 Jack Richardson rd.	Street Address (Required) 3340 Jack Richardson rd
City, State and Zip (Required) Elizabethtown NC	City, State and Zip (Required) Elizabethtown, N.C. 28337
Date 5/7/18	5/7/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JIMMY HUNT
209 MERCER MILL RD # 2J
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
108 Lewis Dr	209 mercer mill
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
3/4/18 Date	3/4/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANNIE MAE SMITH
5609 MERCER MILL/BROWN MARSH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 5/3/18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Wooten	Mavon Pearl
Signature (Required)	Signature (Required)
10 B Lewis Dr	2170 Mercer Mill Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown, NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
5/3/18	5-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KAYLA MARIE THOMPSON
192 E CURRIE ST
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

5/6/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[signature]	[signature]
Signature (Required)	Signature (Required)
192 E. Currie St.	192 E. Currie St
Street Address (Required)	Street Address (Required)
Clarkton NC 28433	Clarkton, NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
5/6/18 Date	5/6/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTOPHER COLE CARROLL
303 PECAN ST # 5C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

X [redacted] 4-27-18
Si Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Wesley T. Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	16 Ke[illegible] Hwy 211 West
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4/27/18 Date	4/27/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ISAIAH JOHNSON
4832 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-28-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Shirley Cherry	[illegible]
Signature (Required)	Signature (Required)
820 moultrie Lane	123 Charles Dr
Street Address (Required)	Street Address (Required)
Elizabethtown, N.C 28337	Conve, I, NC 28634
City, State and Zip (Required)	City, State and Zip (Required)
4-28-18	4/28/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES TREMAINE CROMARTIE
4890 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/29/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Aisha Person	Soujean Cromartie
Signature (Required)	Signature (Required)
4890 Lisbon Road	4890 Lisbon Rd
Street Address (Required)	Street Address (Required)
Clarkton NC 28433	Clarkton N.C 28433
City, State and Zip (Required)	City, State and Zip (Required)
4/29/18 Date	4/29/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GENEVA SUEANN BEASLEY
641 SMITH CIR # 26
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

4-30 18
Date

Name correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Pamela Wright	Signature (Required) Wesley B. Carroll
Street Address (Required) 1206 W. Seaboard	Street Address (Required) 1176 NC Hwy 211 West
City, State and Zip (Required) Bladenboro N.C 28320	City, State and Zip (Required) Clarkton NC 28433
Date 4/30/18	Date 4/30-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notanal seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JA-BRIL ELIJAH BAKER
161 BELLAMY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

4-28-18
Date

_____
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jessica P Thompson	Becca Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/28/18	4-28-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRIAN ONEIL MARTIN
525 MARTIN RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **n 2** of the *Witnesses'*

Apr/ 17 2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Holly [illegible]	Angel Fields
Signature (Required)	Signature (Required)
248 East 4th St	2042 Hwy 211 Bus
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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SHAVON LEE SHAW
11609 NC 211 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

4-25-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles Cutler
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 5-C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-25-18	4-25-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ESTER MAE SHIPMAN
76 DEWITT GOODEN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/30/18
Date

[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Alora Wright	Brenda S. Leach
Signature (Required)	Signature (Required)
708 Newkirk St.	145 Elda Lane
Street Address (Required)	Street Address (Required)
E-town NC 28337	Clarkton N.C.
City, State and Zip (Required)	City, State and Zip (Required)
4-30-18 Date	28433 4-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASON BRENT WILLIAMS
1320 MURRAY HAYWOOD RD
EVERGREEN, NC 28438

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **tion 2** of the *Witnesses'*

4-25-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

4-24-18
Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-25-18	4-25-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VICKIE BURNEY ALLEN
1501 OWEN HILL RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-14-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Renee Priest Howell	William W Jackson
Signature (Required)	Signature (Required)
52 Dunfield St.	P.O. Box 496
Street Address (Required)	Street Address (Required)
Dublin, N.C. 28332,	DUBLIN NC 28332
City, State and Zip (Required)	City, State and Zip (Required)
4-14-18	4-14-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEFFREY EDWARD SMITH
212 BUTTERS LOOP RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] te **Option 2** of the *Witnesses'*

5-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X
_____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	Janice Campbell
Signature (Required)	Signature (Required)
1206 W Seaboard St	212 Butters Loop Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
5/3/18	5-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM HENRY POE
209 MERCER MILL RD # 2N
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **2** of the *Witnesses'*

5-4-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEENA LACOE CROMARTIE
777 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
[redacted]	[redacted]
Signature (Required)	Signature (Required)
123 Charles Dr	843 - [redacted] Nole Rd
Street Address (Required)	Street Address (Required)
Council, NC 28434	COUNCIL NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
5/3/18 Date	5/3/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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ROXIE CROMARTIE WILLIS
843 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 5/3/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) [illegible]	Signature (Required) Rochelle Willis
Street Address (Required) 123 Chapter 8 Dr	Street Address (Required) 854 Clyde Hatcher
City, State and Zip (Required) Council, NC 28434	City, State and Zip (Required) Council NC 28434
Date 5/3/18	Date 5/3/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANAIYA TIARRA CROMARTIE
2606 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X [redacted] 5-2-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) 2606 Lisbon Rd	Street Address (Required) 2606 Lisbon Rd
City, State and Zip (Required) Council NC 28434	City, State and Zip (Required) Council NC 28434
Date 5-2-18	Date 5-2-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MILTON JEROME MCINTYRE SR
817 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X
Sig[redacted] 1 3[redacted]18

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Greg Monroe	Signature (Required) John Watts
Street Address (Required) 533 Frank McIver Rd	Street Address (Required) 108 Lewis DR
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 2/14/18	Date 2/14/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAMORRIS CROMARTIE
2606 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

X _____ 5-2-18
Sig Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jacqueline Cropper	Monroe
Signature (Required)	Signature (Required)
2606 Lisbon Rd	123 Charles Dr
Street Address (Required)	Street Address (Required)
Council NC 28434	Council NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
5-2-18	5/2/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUILINE RENEE CROMARTIE
2606 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5-2-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
2606 Lisbon Rd	123 Charles Dr
Street Address (Required)	Street Address (Required)
Council NC 28434	Council NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
5-2-18 Date	5/2/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ARLETHA MCLAUGHLIN PURDIE
270 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5/3/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Webster	Marion Leach
Signature (Required)	Signature (Required)
10 Lewis DR	2170 Mercer Mill Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown NC 28337
City, State and Zip (Required) 5/3/18 Date	City, State and Zip (Required) Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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CHARLES ALBERT DUCLOS
70 MAYSVILLE LN
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-19-18
Signature of Voter Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) 125 Robeson ST	Street Address (Required) 248 Front St
City, State and Zip (Required) Tarheel NC 28392	City, State and Zip (Required) Dublin NC 28332
Date 4/19/18	Date 4/19/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSEPH PREVATTE
310 MAYSVILLE LN
TAR HEEL, NC 28392

REP - BLADEN COUNTY

[redacted]

Board approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 5-19-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
310 Maysville Ln	105 Rutger St.
Street Address (Required)	Street Address (Required)
Tarheel NC 28392	Tarheel NC 28392
City, State and Zip (Required)	City, State and Zip (Required)
5/19/18 Date	5/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEANNA MCLEAN
96 SYKES DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] 2 of the *Witnesses' Ce*

X [redacted] 4/16/18
Sign Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Nicholas Lobal	Signature (Required) Cynthia Druzak
Street Address (Required) 273 Holly Street	Street Address (Required) 273 Holly st
City, State and Zip (Required) Tar Heel, NC 28392	City, State and Zip (Required) Tar Heel NC 28392
Date 4/15/18	Date 4-16-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMANTHIA MAE ELLIS
339 BUTTERS CEMETERY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public [redacted] the *Witnesses'*

[redacted] 5-1-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Donna Dietlow	Signature (Required) Rebecca Thompson
Street Address (Required) 219 Hemlock Dr	Street Address (Required) 303 Peccans Apt. 5C
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 5-1-18	Date 5-1-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL WAYNE JOHNSON
10710 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-26-18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Linda T. Brewer	Terry Lee
Signature (Required)	Signature (Required)
30 CANAL St.	94 Gerald Green Dr.
Street Address (Required)	Street Address (Required)
Lumberton, NC 28358	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
04-26-18	4-26-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARGERITE PREVATTE
310 MAYSVILLE LN
TAR HEEL, NC 28392

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 5/15/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
310 Maysville LN	105 Rebecca St
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Tar Heel NC 28392
City, State and Zip (Required)	City, State and Zip (Required)
5/15/18 Date	5/15/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDI NICOLE DUDLEY
438 S ASHE ST # 03
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

Boa [redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Donna Outlaw	
Signature (Required)	Signature (Required)
219 Hemlock Drive	210 Pine Ridge Cir.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-30-18	4-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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ALBERT LEE SMITH
209 MERCER MILL RD # 1I
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 5/4/18
Signature (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Quintina S Jones	Lola Wooten
Signature (Required)	Signature (Required)
209 Mercer Mill Rd	108 Lewis DR
Street Address (Required)	Street Address (Required)
Elizabethtown	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
5/4/18 28337	5/4/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALBERTA I WHITE
700 MERCER MILL RD # 1A
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

X [redacted] 5-3-18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Joe Thomas White	Nila Walker
Signature (Required)	Signature (Required)
700 Mercer Mill Rd #1A	10 F Lewis Dr
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
5/3/18	5/3/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSEPH BENJAMIN CAIN III
218 PAGES LAKE RD
ST. PAULS, NC 28384

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] *Witnesses' Cer*

X [redacted] 5-3-18
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Lisa Cain	Signature (Required): [redacted]
Street Address (Required): 218 Pages Lake Rd.	Street Address (Required): 1157 Bladen Union church Rd
City, State and Zip (Required): St. Pauls, NC, 28384	City, State and Zip (Required): Fayetteville N.C. 28301
Date: 5-3-18	Date: 5/3/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

QUINTINA FRANCAY JONES
209 MERCER MILL RD # 1N
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Walton	Lavon S. Simpson
Signature (Required)	Signature (Required)
158 Lewis DR	209 Mercer Rd. Apt 2-H
Street Address (Required)	Street Address (Required)
Elizabethtown 28337	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
5/4/18 Date	N.C. 28337 5/4/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAVON SHIELDS SIMPSON
209 MERCER MILL RD # 2H
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

5/4/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Quintina F Sones
Signature (Required)	Signature (Required)
108 Lewis DR	209 mercer mill Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
5/4/18	NC 2833
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANTHONY DUEVONNE JONES
209 MERCER MILL RD # 1L
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5-4-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
[redacted]	Quintina f Jones
Signature (Required)	Signature (Required)
1731 Robeson Temple ch. DC	209 mercer Rd
Street Address (Required)	Street Address (Required)
E town NC 28337	E'town NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date: 28337

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
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Brought in by voter

JEFFREY DUANE ATKINSON
318 N MAIN ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the [redacted] **Option 2** of the *Witnesses'*

4/19/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Barbara Jo Atkinson	Jamie Atkinson
Signature (Required)	Signature (Required)
318 North Main St.	318 N Main St
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-19-18	4-19-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

personally appeared before me,

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Brought in by voter

MINNIE MAE ROBESON
420 E MCKAY ST # 7C
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Signatu

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
	Sue McSwain
Signature (Required)	Signature (Required)
[redacted]	420 E McKay St. Apt 6B
Street Address (Required)	Street Address (Required)
406 E. Green Str.	Elizabethtown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
Clarkton N.C. 4/17/18	4-17-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRYAN BERNARD MARTIN
827 MOULTRIE LN
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **2** of the *Witnesses'*

X [redacted] 18 Apr 18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Bradley E. Ryan	William K Tuttle
Signature (Required)	Signature (Required)
213 Magothy Beach Rd	1350 Maryland Ave NE
Street Address (Required)	Street Address (Required)
Pasadena, MD 21122	Washington, DC 20002
City, State and Zip (Required)	City, State and Zip (Required)
4-18-2018 Date	4/18/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative; **The following people are PROHIBITED from signing the Witnesses' Certification:**
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JODY EVANS PIERCE
2959 NC 131 HWY
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the [redacted] **Option 2** of the *Witnesses'* [illegible] applicable)

4-16-18
Date

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Martha West	Cirie Smith
Signature (Required)	Signature (Required)
4980 Rose West Rd	4716 Morris St.
Street Address (Required)	Street Address (Required)
Dunn NC 28334	Fayetteville NC 28314
City, State and Zip (Required)	City, State and Zip (Required)
4/17/18	4/17/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

Notary Public SEAL

Commission Expiration

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY TANEE HENRY
204 WRIGHT ST # 16C
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] ete **Option 2** of the *Witnesses'*

4/19/18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Kaya Lloyd
Street Address (Required) 204 Wright St Apt 27	Street Address (Required) 204 Wright St. Apt 22C
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 4/19/18	Date 4/19/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BERNICE SMITH
420 E MCKAY ST # 6D
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/18/18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Witness #1: Signature: [illegible]; Street Address: 108 Lewis Dr; City, State and Zip: Elizabethtown NC 28337; Date: 4-18-18
Witness #2: Signature: Sue McLaurin; Street Address: 420 E McKay St. Apt #6B; City, State and Zip: Elizabethtown N.C. 28337; Date: 4-18-2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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JUSTIN HUBERT HALL
322 SUNSET PARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/19/18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Dakota A. Adams
Street Address (Required) 357 Lennon Bay Drive	Street Address (Required) 357 Lennon Bay Drive
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) 28320
Date 4/19/18	Date 4/19/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANICE M GAUSE
3300 CABBAGE RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Date 5/7/18

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy P Hester 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Wendy P Hester 5/7/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jamie M. Gause	Wendy P Hester
Signature (Required)	Signature (Required)
3300 Cabbage Rd	371 Sunset Park Road
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
5/7/18	5-7-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES MICHAEL GAUSE
3300 CABBAGE RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

5/7/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 5-7-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Woody D Hester Signature (Required)
3300 Cabbage Rd Street Address (Required)	371 Sunset Park Rd Street Address (Required)
Bladenboro, N.C. 28320 City, State and Zip (Required)	Bladenboro, NC 28320 City, State and Zip (Required)
5/7/18 Date	5-7-2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES ARNOLD BLACKBURN
694 MAIN ST
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5-4-18
ate

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) [redacted]	Street Address (Required) DUBLIN NC 28332
City, State and Zip (Required) NC 28352	City, State and Zip (Required)
Date 5/4/18	Date 5/4/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM FRANKLIN PRIEST JR
208 VILLAGE ST # 4C
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-27-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Bobbie Edwards	Donna Dutton
Signature (Required)	Signature (Required)
104 Pecan St Apt 3C	219 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-27-18	4-27-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHAMEEKA YVONNE WASHINGTON
204 WRIGHT ST # 11
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

4-19-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARBARA JO ATKINSON
318 N MAIN ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] ion 2 of the *Witnesses'*

4-19-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
318 N Main St	318 N Main St
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4/19/18 Date	City, State and Zip (Required) 4-19-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATHERINE BAIN TAYLOR
2105 SECOND AVE
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted]

2105 2nd Ave.
Address where application and ballots should be mailed
Elizabethtown NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

4/15/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Katherine Elizabeth Rist	Mary Grist
Signature (Required)	Signature (Required)
307 Keith Ave	307 Keith Ave
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4/14/18 Date	4/14/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAKOTA ETHAN ADAMS
357 LENNON BAY DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4/19/18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Justin H. Hall	Robert D Rivenbark
Signature (Required)	Signature (Required)
357 Lennon Bay Dr.	357 Lennon Bay Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18	4/19/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA BETHEA EVANS
204 WRIGHT ST # 23
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses'*

_____ Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Skyla Lloyd	Signature (Required): J McK
Street Address (Required): 204 wright St. Apt 22C	Street Address (Required): 201 Wright St pt 27
City, State and Zip (Required): Elizabethtown NC, 28337	City, State and Zip (Required): Elizabethtown NC 28337
Date: 4/18/18	Date: 4/18/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ASHLEY SADE MCKIVER
204 WRIGHT ST # 27
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted]ust complete **Option 2** of the *Witnesses' Cer*

X [redacted] 4/19/18
Sign Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Paya Lloyd	Signature (Required) Shontella Clark
Street Address (Required) 204 Wright St. Apt 22 C	Street Address (Required) 204 wright st Apt 29
City, State and Zip (Required) Elizabethtown NC, 28337 4/19/18 Date	City, State and Zip (Required) Elizabethtown NC 4/19/19 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATHAN WENDELL RICHARDSON
322 SUNSET PARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses'*

[redacted] 4/19/18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jeffrey D Atkins	Barbara J. Atkins
Signature (Required)	Signature (Required)
318 N Main St	318 North Main St.
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18	4-19-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MELISSA BEDSOLE LOCKAMY
3459 OLD HWY 41
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses' C*

X [redacted] 4/20/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Barbara Bedsole
73 David Dairy Rd	128 Gum Spring Rd
Street Address (Required)	Street Address (Required)
White Oak NC 28399	White Oak NC 28399
City, State and Zip (Required) 4/20/18 Date	City, State and Zip (Required) 4/20/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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HARRY BRNARD MCKOY
8327 US 701 HWY N
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

[redacted] 5-7-18
Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Dorothy Johnson	[illegible]
Signature (Required)	Signature (Required)
3310 Jack Richardson Rd	8327 Hwy 701
Street Address (Required)	Street Address (Required)
Elizabethtown, NC 28337	Elizabethtown NC
City, State and Zip (Required)	City, State and Zip (Required)
5/9/18	5.9.18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBER LEE MORGAN
1381 SUGGS-TAYLOR RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary [redacted] **Option 2** of the *Witnesses'*

Sig [redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Holly MT	Paul Fields
Signature (Required)	Signature (Required)
248 East 4th St	12042 Hwy 211 Bel
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMY HUGGINS CLARK
4521 LISBON RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

4/19/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
248 East 4th St	12042 Hwy 211 Bus
Street Address (Required)	Street Address (Required)
Dublin NC	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
28333	4/19/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RONALD WENDELL BALLARD
183 SUGGS-TAYLOR RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOIS JANINE PENLEY
12042 NC 211 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

[redacted]

4-24-

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) April Fields	Signature (Required) Randy Deaver
Street Address (Required) 12042 Hwy 211 Bus.	Street Address (Required) 12006 Hwy 211 Bus.
City, State and Zip (Required) Bladenboro NC. 28320	City, State and Zip (Required) Bladenboro N C. 28320
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES MAXCEL SPENCER
43 STONEWALL DR
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [illegible])

[redacted] 4-16-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) [illegible]	Signature (Required) [illegible]
Street Address (Required) 248 Fayt 4th ST	Street Address (Required) 12042 Hwy 211 Bus.
City, State and Zip (Required) Dublin NC 28332	City, State and Zip (Required) Bladenboro N.C. 28320
Date 4/16/18	Date 4/16/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SONDRA KAYE DEAVER
12042 NC 211 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

4-24-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
April Fields	Randy Deaver
Signature (Required)	Signature (Required)
12042 Hwy 211 Bus	12006 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
_____ Date	_____ Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRUCE DOLTON DELL
771 BETHEL CHURCH RD
TAR HEEL, NC 28392

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

[redacted]

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Randy Deaver	Lepil Fields
Signature (Required)	Signature (Required)
12006 HWY 211 Bus	12042 HWY 211 Bus
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ERICA ROCHELLE RIPLEY
133 WHITE PLAINS CHURCH RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

_____ Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Holly Sut	April Fields
Signature (Required)	Signature (Required)
248 East 4th st	2642 Hwy 211 Bus
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
_____ Date	_____ Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BERNARD LEACH
209 MERCER MILL RD # 1-P
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **2** of the *Witnesses'*

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
2042 Hwy 211 Business	248 East 4th St
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Dublin NC 28332
City, State and Zip (Required)	City, State and Zip (Required)
Date 4/16/17	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEFFERY LAYTON CAIN
12924 NC 242 HWY S
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] e Witnesses'

4-16-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Christine Rackan
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	1298 Mulvihill Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4-16-18 Date	City, State and Zip (Required) 4-16-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEONARD HENRY KINLAW
96 SYKES DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **ion 2** of the *Witnesses'* C

Si _____ 4-20-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Chrisley Packer
Signature (Required)	Signature (Required)
303 Pecan St Apt 56	1198 Mckit Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-20-18	4-20-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHN EDWARD BUNGERT JR
155 HESTER MILL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted] 4-25-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamwla Wright	Rebecca Thompson
Signature (Required)	Signature (Required)
1206 W Seaboard St	303 Pleasant Dept. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/25/18	4-25-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PAMELA MICHELLE WRIGHT
1206 W SEABOARD ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] f the *Witnesses'*

4/26/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Donna Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	219 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4-26-18 Date	City, State and Zip (Required) 4-26-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDGAR WILLIAM BRISSON
142 BRISSON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board [redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

142 Brisson Rd
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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[redacted] 5-4-2018

[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Annie Rose Brisson	Trudy Cole Brisson
Signature (Required)	Signature (Required)
142 Brisson Rd	142 Brisson Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
5-3-2018 Date	5-3-2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARBARA JEAN HESTER
1168 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

X [redacted] 4/25/18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Outlaw	Rebecca Thompson
Signature (Required)	Signature (Required)
219 Hemlock Drive	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-25-18	4-25-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CARLENE PEARSON
416 W SWANZY ST # A
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board

☐ **Seco**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MATASHA CAMELLIA ANDERSON
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Se**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the voter [redacted] the *Witnesses'* C

[redacted] 4/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Annie M Lewis	JL Monroe
Signature (Required)	Signature (Required)
300 Hill St	123 Charles DR
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Council, NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
4-30-2018	4/30/18
Date	Date

N.C.

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REBECCA JANE HEFLIN
11335 TWISTED HICKORY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

4-24-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Donna Outlaw
Street Address (Required) 210 Pine Ridge Cir	Street Address (Required) 219 Hemlock Drive
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 4-24-18	Date 4-24-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUTH BEATRICE DION
2713 NC 20 HWY
ST. PAULS, NC 28384

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the voter must complete **Option 2** of the *Witnesses'*

[redacted] 4-27-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Steven W. Dion
Name of Assistant

Address of Assistant

X Steven W. Dion 4/27/18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Kelly Simmons
Street Address (Required) 4113 Chicken Foot Rd.	Street Address (Required) 4113 Chickenfoot Rd
City, State and Zip (Required) St Pauls N.C. 28384	City, State and Zip (Required) St. Pauls NC 28384
Date 4-27-18	Date 4-27-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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ASHLEY,LOREN RESENDIZ
116 BRITT ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ a [redacted] te **Option 2** of the *Witnesses'*

X [redacted] 4/17/18
Sig Date

[redacted]
Na

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Signature (Required) Rebecca Thompson	Signature (Required) Christy Packer
Street Address (Required) 303 Pecan Apt 5C	Street Address (Required) 175 Mt Horeb Church Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 4-17-18	Date 4-17-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FRANCES GOODEN ADAMS
5725 NC 242 HWY S
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted]

4-23-2018
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Donna Outlaw
Street Address (Required) 210 Pine Ridge Cir	Street Address (Required) 219 Hemlock Drive
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 4-23-18	Date 4-23-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANDA CAMPBELL MERS
104 PECAN ST # 5A
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **2** of the *Witnesses'*

4-17-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X
_____ _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Christy Parsons
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	138 Mill Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-17-18 Date	4-17-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANN FREEMAN BUTLER
813 N MAIN ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the 30 day of 4, 20 18, the Voter: Ann Freeman Butler personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF NC
COUNTY OF Robeson

Notary Public _____ 11-21-2019
Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KEITH T BRISSON
2020 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted]e **Option 2** of the *Witnesses' Ce*

X [redacted] 4-20-18
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Cayla Kennedy	Joe Allen
Signature (Required)	Signature (Required)
2020 Center rd	105 Ribbon St
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Tarboro NC 27886
City, State and Zip (Required)	City, State and Zip (Required)
4-20-18	
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that ility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM EUGENE BETHUNE JR
105 MAYSVILLE LN
TAR HEEL, NC 28392

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-20-18
Sig Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Joe Allen	
Signature (Required)	Signature (Required)
105 Robeson St	648 E 4th Street
Street Address (Required)	Street Address (Required)
Tarheel NC 28392	Dublin NC 28332
City, State and Zip (Required)	City, State and Zip (Required)
4/24/18 Date	4/24/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FRANCES HENSLEY ROSE
664 GOVERNORS ESTATE DR
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to [redacted]

[redacted]

664 Governors Estate Dr
Address where application and ballots should be mailed
Etown NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'* [redacted]

[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
3481 Aldine Ct Rd	664 Governors Estate Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	E'town NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-21-18 Date	4-4-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA DENISE GUYTON
3672 OWEN HILL RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**

[redacted] that ther e to

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the *Certification*)

☐ a [redacted] *Witnesses'*

[redacted] 4-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Frances H Rose	[redacted]
Signature (Required)	Signature (Required)
664 Governors Rd	664 Governors Rd
Street Address (Required)	Street Address (Required)
Efland NC 27243	Efland NC 27243
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALEJONDRO MARTIN MIRANDA
118 TWISTED HICKORY RD
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-17-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) 175 60th Street	Street Address (Required) 118 Twisted Hickory Rd
City, State and Zip (Required) Dublin, NC 28332 Date 04/17/18	City, State and Zip (Required) Dublin NC 28332 Date 04/17/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FREDDRICK OBRIAN CROMARTIE
2584 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

Board [redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] Witnesses'

Signature of Voter (Required) Date 4/28/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Connie Comartie
Signature (Required)	Signature (Required)
123 Charlie Dr	128 Charlie's Drive
Street Address (Required)	Street Address (Required)
Council, NC 28434	Council, NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
4/28/18 Date	4/28/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
MAY 07 2018
BLADEN CO. BD. OF ELECTIONS

JOHNNIE NATHAN AUTRY
223 AUTRYTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

[redacted] 5-6-18
Date

018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

TIME _____ REC'D BY _____

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) 331 Duck Harbor Rd.	Street Address (Required) 215 Autrytown Rd
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Eliz'town N.C.
Date 5/7/18	Date 5-6-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS LEE ROGERS
5525 MERCER MILL/BROWN MARSH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 5/4/18 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Wheeler	Krissina Rogers
Signature (Required)	Signature (Required)
108 Lewis DR	5525 Mercer Mill Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Clarkton, NC 28433
City, State and Zip (Required) 5/4/18 Date	City, State and Zip (Required) 5-4-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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RECEIVED

DOROTHY AUTRY
223 AUTRYTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Nam[redacted]

X
Sign[redacted] 5/7/18
Date

BE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

I certify that I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Patricia Brown
Street Address (Required) 3360 Jack Rehmond Rd	Street Address (Required) 215 Autrytown Rd
City, State and Zip (Required) Elizabethtown, N.C.	City, State and Zip (Required) E town N.C.
Date 5/7/18	Date 5-7-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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CAROL JEAN SHIPMAN JACKSON
153 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4/30/18
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Amanda Heathers	Marion Leach
Signature (Required)	Signature (Required)
153 Mt. Olive Rd	2170 Mercer Mill Rd
Street Address (Required)	Street Address (Required)
Elizabeth, NC 28337	Elizabethtown, NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-30-18	4-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

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ARTIS LEE WRIGHT
113 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]ses'

Name Correction (if applicable) 4-30-18

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Weston	Mason Leach
Signature (Required)	Signature (Required)
100 Lewis DR	2170 Mercer Mill Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown, NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-30-18 Date	4-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMY LYNN AUTRY
303 PECAN ST # 3C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses*

4/23/18
Date

_____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Matthew Cutler
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-23-18	4-23-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HATTIE MARTIN ROARY
2307 ALTA ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted] Muni: 50

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Angelia P. Martin [redacted] 5/4/2018
Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Angelia P. Martin	Signature (Required) Natasha Rogers
Street Address (Required) P.O. Box 1563	Street Address (Required) PO BOX 15979
City, State and Zip (Required) E-Town NC 5/4/18 Date	City, State and Zip (Required) E town nc 28337 Date 5/4/2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MATTHEW NICHOLAS TROY
55 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/28/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Beth Troy	[illegible]
Signature (Required)	Signature (Required)
	123 Charles DR
Street Address (Required)	Street Address (Required)
55 Troy Willis Dr	Council, NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
Council, NC 28434 4-28-18	4/28/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOE N LACEWELL
620 MCLEOD ST # 16E
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

Date 5/4/18

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the [redacted] am providing assi[redacted]unavailable to assi[redacted]

Date 5/4/18

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date 5/4/18	Date 5/4/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES BRANDON THOMPSON
192 E CURRIE ST
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

☐ **S**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

5/6/18
Date

James Brandon Thompson
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
192 E. Currie Street	Greg Farah
Street Address (Required)	Street Address (Required)
Clarkton NC	56 S. Elm St
City, State and Zip (Required) 28433	City, State and Zip (Required) Clarkton NC
Date 5/6/18	Date 5/6/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALICIA MARIE JACKSON
137 KELLY STREET EXT
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

4-30-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-30-18	4-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANGELIA PEARL MARTIN
89 MCDOWELL RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] nesses' 5/4/18

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Natasha Rogers	Signature (Required) Kenneth S. Martin
Street Address (Required) PO Box 597	Street Address (Required) 89 McDowell Rd
City, State and Zip (Required) E-town NC 28337	City, State and Zip (Required) E-town NC 28337
Date 5/4/2018	Date 5/4/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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REGINA LYNN LACEWELL
303 PECAN ST # 4E
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a n[redacted]esses' Ce[redacted]

X [redacted] 4-25-18
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-25-18	4-24-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARRY LIONEL MOORE
494 DICKSON RD
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing ass[redacted]is unavailable to ass[redacted]

5-2-18
Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Catherine Bowen	Glivia Waddell
Signature (Required)	Signature (Required)
16258 Old Lake Rd.	15988 Old Lake Rd.
Street Address (Required)	Street Address (Required)
Riegelwood, NC 28456	Riegelwood, NC 28456
City, State and Zip (Required)	City, State and Zip (Required)
5-1-2018	5-1-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALISHA DASHAWN PERSON
4890 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a n[redacted] **Option 2** of the *Witnesses' Cer*[redacted]

X [redacted] 4/29/18
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James Cromartie	Sandra Gonzalez
Signature (Required)	Signature (Required)
4890 Lisbon RD	4890 Lisbon Rd
Street Address (Required)	Street Address (Required)
Clarkton, NC, 28344	Clarkton N.C. 28433
City, State and Zip (Required) 4-29-2018 Date	City, State and Zip (Required) 4-29-2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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CHEYENNE TAYLOR DESONIA
65 KELLY ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 4/18/2018
Sig Date

Na[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Rebecca Thompson	Randy Deese
Signature (Required)	Signature (Required)
303 Pocanshaft SC	12006 Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-18-18	4-18-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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HOLLIE MARIE CLARK
127 TODD BRITT CT
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

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☐ [redacted] the *Witnesses'*

4/23/18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

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_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Rebecca Thompson	Charles Outlaw
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/23/18	4-23-18
Date	Date

Option 2: Notary Public as Witness
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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

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JEFFERY CLIFFORD BURNEY
153 OLD BOARDMAN RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-24-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles Outlaw
Signature (Required)	Signature (Required)
303 Pecan St Apt SC	303 Pecan St Apt 5-C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-24-18	4-24-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHNNY WAYNE CROMARTIE
128 CHARLIE'S DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-28-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[signature]	Laura Cromartie
Signature (Required)	Signature (Required)
123 Charlies Dr	128 Charlies Drive
Street Address (Required)	Street Address (Required)
Council, NC 28434	Council NC, 28434
City, State and Zip (Required) 4/28/18 Date	City, State and Zip (Required) 4/28/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN MICHAEL COGDELL
2990 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 5-4-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Barbara Cogdell
2990 MLK Drive	2990 MLK Drive
Street Address (Required)	Street Address (Required)
Elizabethtown NC	Elizabethtown
City, State and Zip (Required) 5-4-18 Date	City, State and Zip (Required) N.C. 28337 5-4-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KEITH HALL TOLAR
3030 COLEY RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 4/3/18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Morgan Buttry, Johnathan Tedder	Alton Tolar
Signature (Required)	Signature (Required)
160 Grays Ln.	3030 Coley Rd
Street Address (Required)	Street Address (Required)
Elizabethtown, NC 28337	Clarkton, NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4/3/18	4-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____ COUNTY OF _____

_____ _____
Notary Public Commission Expiration Date

SEAL

RECEIVED
MAY 7
TIME 12:15 REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

QUEEN ESTHER CROMARTIE
2641 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 4-28-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Shirley Cherry	[illegible]
Signature (Required)	Signature (Required)
820 Moultrie Lane	123 Charles DR
Street Address (Required)	Street Address (Required)
& Elizabethtown N.C.	Council NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
28337 4-28-18	4/28/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANICE ELIZABETH CAMPBELL
212 BUTTERS LOOP RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	[illegible]
Signature (Required)	Signature (Required)
1206 W Seaboard St	212 Butters Loop Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro NC
City, State and Zip (Required)	City, State and Zip (Required)
5/3/18 Date	5-3-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RETHA BELL TROY
55 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-25-18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Matthew Troy	[illegible]
Signature (Required)	Signature (Required)
55 Troy Willis Dr	123 Charles Dr
Street Address (Required)	Street Address (Required)
Council NC 28434	Council, NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
4/28/18	4/28/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VELMA LEE YOUNG
155 WHITE PLAINS CHURCH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'* [redacted]

5-3-018

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) 155 White Plains Rd	Street Address (Required) 123 Charles Dr
City, State and Zip (Required) Clarkton, NC 28433	City, State and Zip (Required) Council, NC 28434
Date 5-3-018	Date 5/3/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARIE BROWN
4832 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-28-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Shirley Cheney	[illegible]
Signature (Required)	Signature (Required)
820 poultrie Lane	123 CHARLES DR
Street Address (Required)	Street Address (Required)
Elizabethtown N.C	Council, NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
28337 4-28-18	4/28/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;

oters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political organization, or who is a campaign manager or treasurer for any candidate or political party.

BRITTANY CORINNE BOBBEY
12351 NC 53 HWY W
WHITE OAK, NC 28399

REP - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

X [redacted] 5/2/18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kara S. Bobbey	[illegible]
Signature (Required)	Signature (Required)
8022 Timberlake Rd	110 Wooldridge Cir.
Street Address (Required)	Street Address (Required)
Lynchburg VA 24502	Lynchburg, VA
City, State and Zip (Required) 5/2/18 Date	City, State and Zip (Required) 24502 05/02/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KISSABRINA AMANDA ROGERS
5525 MERCER MILL/BROWN MARSH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

Bo [redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

[redacted] 5-4-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Alberto	Doris T Rogers
Signature (Required)	Signature (Required)
108 Lewis DR	5525 Mercer Mill Rd
Street Address (Required)	Street Address (Required)
Elizabethtown 28337	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
5/4/18 Date	5/4/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SATIN DANESHA PRIDGEN
5525 MERCER MILL/BROWN MARSH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5-4-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kaydina Rogers	John Watts
Signature (Required)	Signature (Required)
5525 Mercer Mill Rd	108 Lewis Dr
Street Address (Required)	Street Address (Required)
Clarkton, NC 28433	El. 29 28 Hoover NC 28337
City, State and Zip (Required) 5-4-18 Date	City, State and Zip (Required) 5/4/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES PURDIE
270 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Date 3-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

ARletha Purdie — 270 Mt. Olive Rd Elizabethtown NC 28337

Name of Assistant — Address of Assistant

X Arletha Purdie 5/3/18

Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Marion Leach	Lolalubeta
Signature (Required)	Signature (Required)
270 Mercer Mill Rd	105 Lewis DR
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown NC
City, State and Zip (Required)	City, State and Zip (Required)
5-3-18	5/3/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEDELL JOHNSON
7342 OLD FAYETTEVILLE RD
GARLAND, NC 28441

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____ _____
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant [redacted]

X _____ 5/8/18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE LEE MCCLELLAND
5609 MERCER MILL/BROWN MARSH RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted]

Name Correction (if applicable) 5-3-18

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Marion Leach	Lela Watts
Signature (Required)	Signature (Required)
2170 Mercer Mill Rd	1081 Lewis DR
Street Address (Required)	Street Address (Required)
Elizabethtown, NC 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
5-3-18	5/3/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PAMELA DOWLESS HANCOCK
648 PAUL BRISSON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☑ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5-5-2018
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 5th day of May, 20 18, the Voter: Pamela D Hancock personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF NC
COUNTY OF Bladen

Judy B Dowden SEAL
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

PDH

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PDH

TREVOR RYAN HANCOCK
648 PAUL BRISSON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

[redacted] the [redacted]

5-5-2018
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X
_____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 5th day of May, 20 18, the Voter: Trevor B Hancock personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF NC
COUNTY OF Bladen

Judy B Dowless SEAL
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KARA SUSANNE BOBBEY
12351 NC 53 HWY W
WHITE OAK, NC 28399

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

[redacted] 5/2/18 Date

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Brittany Bobbey	[illegible]
Signature (Required)	Signature (Required)
Brittany Bobbey	110 woodridge circle
Street Address (Required)	Street Address (Required)
8022 Timberlake Rd	Lynchburg, VA
City, State and Zip (Required)	City, State and Zip (Required)
Lynchburg, VA 24502 5/2/18 Date	24502 05/02/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE GABRIELA SMITH
353 SUNSET PARK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **Option 2** of the *Witnesses'*

4/26/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester — 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant — Address of Assistant

X Wendy D Hester — 4-26-2018
Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Matthew Smith	Wendy D Hester
Signature (Required)	Signature (Required)
353 Sunset Park RD	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro, N.C 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-26-18	4-26-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LILLIE B BEATTY
2439 FIGURE 9 RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5-3-18
Date
[redacted] NC, 28434

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am [redacted] guardian, or I am providing [redacted] guardian is unavailable to

[redacted] istant

X 2439 Figure 9 Rd Council NC. 28434
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
DEBORAH MOORE	Thomas L Stevens Jr.
Signature (Required)	Signature (Required)
81 Circle Heather Rd	2151 S Elwell Ford Rd
Street Address (Required)	Street Address (Required)
Council NC 28434	Council N.C 28434
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMAS L BEATTY
2439 FIGURE 9 RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] of the *Witnesses'*

3-18
Date

28434

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing [redacted] uardian is unavailable to

[redacted]

Date 28434

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
DEBORAH MOORE	Lillie B Beatty
Signature (Required)	Signature (Required)
81 Clyde Hatcher Rd	2439 Figure 9 Rd
Street Address (Required)	Street Address (Required)
Council NC. 28434	Council NC. 28434
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNETTE WILLIS WRIGHT
113 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lula Woods	Marion Teach
Signature (Required)	Signature (Required)
108 Lewis DR	212 Marion Mill Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown, NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-30-18	4-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

The following people are PROHIBITED from signing the Witnesses' Certification:

ANNIE MONROE
69 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

4-29-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Agnes C. Willis	Monroe
Signature (Required)	Signature (Required)
261 White Plains Ch. Rd	123 Charles Dr
Street Address (Required)	Street Address (Required)
Clarkton, NC 28433	Council, NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
4-29-18	4/29/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NEQUAWNTIA MIESSUE MCLAUCHLIN
210 E 4TH ST # 4
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

5-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
210 E 4th St. Apt 4	210 E 4th Street
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Dublin NC 28332
City, State and Zip (Required)	City, State and Zip (Required)
5-3-18 Date	5-3-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHIANNE LYNN BEYOR
1544 PLEASANT GROVE CHURCH RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

5-1-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Outlaw	Rebecca Penny
Signature (Required)	Signature (Required)
219 Hemlock Drive	303 Pecan St. Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
5-1-18	5-1-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES EDWIN MARTIN
1667 GRIMES SINGLETARY RD
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted] Muni:

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses'* C[redacted]

S[redacted] 5-1-18 Date

N[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5-C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
5-1-18 Date	5-1-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERRI LEE OWENS
1101 PINE RIDGE CIR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Muni: 20

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

4-17-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
46 Butters Cemetery Rd	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/17/18 Date	4-17-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KENNETH JOSEPH BURKE
116 HAROLD JOHNSON DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X [redacted] 5/1/18
Signature Date

Name

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright A.	Donna Outlaw
Signature (Required)	Signature (Required)
120 Lewis Creek Road	29 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
5/2/18	5-1-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DIANNE MCDOWELL SMITH
5661 LISBON RD
CLARKTON, NC 28433

UNA (DEM) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-25-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
108 Lewis DR	148 Lewis DR
Street Address (Required)	Street Address (Required)
Elizabethtown NC	Elizabethtown NC 28337
City, State and Zip (Required) 4-25-18 Date	City, State and Zip (Required) 4-25-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRADY COLE BRISSON
142 BRISSON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

142 Brisson Rd
Address where application and ballots should be mailed
Bladenboro, N.C. 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 5-4-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Leeme Brisson Dove	Signature (Required) Kenneth Lee McLaughlin
Street Address (Required) 137 Brisson RD.	Street Address (Required) 37 Brisson R.D
City, State and Zip (Required) Bladenboro nc 28320	City, State and Zip (Required) Bladenboro N.C. 28320
Date 5/3/18	Date 5-3-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA NICHOLE PAIT
303 PECAN ST # 4F
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

uni: 20

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

Si[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-24-18	4/24/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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MATTIE CROMARTIE
497 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a [redacted] *Witnesses' Certification*

Signature of Voter (Required) Date 4-30-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Alice Cromartie	Mason Leach
Signature (Required)	Signature (Required)
POB 2343 104 Gum Dr	770 Mercer Mill Rd
Street Address (Required)	Street Address (Required)
Etown, NC 28337	Elizabethtown, NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4 30 18 Date	4-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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NELLIE V ROSE
3481 OLD HWY 41
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
[redacted] equest that any other eligible to

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] 2 of the *Witnesses'*

-2218
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Frances H Rose	Cheryl H Rose
Signature (Required)	Signature (Required)
664 Grevious Rd	664 Grevious Rd
Street Address (Required)	Street Address (Required)
Elrum nc 2833	Elrum nc 2833
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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JOSHUA LEWIS WARD
664 GOVERNORS ESTATE DR
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

[redacted]

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ [redacted] *nesses'*

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Frances H Rose	[illegible]
Signature (Required)	Signature (Required)
664 Governors Estate Dr	664 Governors Estate Dr
Street Address (Required)	Street Address (Required)
Town NC 28337	Town NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-22-18 Date	4-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LORETTA JANE DEAVER
166 SHANNON DR
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

5/2/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	Donna Cutlow
Signature (Required)	Signature (Required)
1206 W Seaboard St	219 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
5/2/18 Date	5-21-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARTY JAMES ELLIS
158 STEPPING STONE LN
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

5-4-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Hadley Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
5-4-18	5/4/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TEDDY RANDAL DEAVER
166 SHANNON DR
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

_____ 5/2/18
Name Correction (if applicable) Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	Donna Tedlow
Signature (Required)	Signature (Required)
1206 W Seaboard St	219 Hemlock
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
5/2/18 Date	5-2-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JETTIE R GRAHAM
272 PICKET DR
RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

[redacted]

ni: 30

Bo[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]

PO Box 705 Riegelwood NC 28456
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Johnnie L Washington
Signature (Required)	Signature (Required)
1101 CA Rd	272 Picket Dr
Street Address (Required)	Street Address (Required)
Riegelwood	Riegelwood NC
City, State and Zip (Required) NC 28456	City, State and Zip (Required) 28456
5.4.18 Date	5-4-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE ROSE LITTLE BRISSON
142 BRISSON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted] for any other [redacted] am eligible to [redacted] ts.)

142 Brisson Road
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

[redacted] Date 5/4/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Selma Brisson Dove	Kenneth Lee McLaughlin
Signature (Required)	Signature (Required)
37 Brisson RD	37 Brisson RD
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
5/3/18 Date	5/3/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HUGH CHAPMAN DENNIS
1256 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] **2** of the *Witnesses'*

4-30-14

[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	[redacted]
Signature (Required)	Signature (Required)
360 Princeton Rd.	300 Princeton Rd
Street Address (Required)	Street Address (Required)
Princeton, NC 27569	Princeton NC 27569
City, State and Zip (Required)	City, State and Zip (Required)
4-30-18 Date	4-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA VAUSE ATKINS
1265 VAUSE RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

☐ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 04/26/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Wesley B. Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	7676 NC HWY 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4/26/18	4/26/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAISY SHIPMAN MCKOY
76 DEWITT GOODEN RD
ELIZABETHTOWN, NC 28337

DEM [redacted] BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

4/30/2018
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Dana Wright	Brenda S. Leach
Signature (Required)	Signature (Required)
708 Hawkins St.	145 Elda Lane
Street Address (Required)	Street Address (Required)
E-town NC 28337	Clarkton, N.C.
City, State and Zip (Required)	City, State and Zip (Required)
4/30/18	28433 4-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA WARD DRUZAK
273 HOLLY ST
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

4-16-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
273 Holly Street	273 Holly Street
Street Address (Required)	Street Address (Required)
Tar Heel, NC	Tar Heel, NC
City, State and Zip (Required) 28392	City, State and Zip (Required) 28392
4/16/18 Date	4-16-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEREK J DRUZAK
273 HOLLY ST
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-16-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Cynthia Druzak	Nicholas Wal
Signature (Required)	Signature (Required)
273 Holly St	273 Holly Street
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Tar Heel 28392
City, State and Zip (Required)	City, State and Zip (Required)
4-16-18	4-16-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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KRISTI MCDOWELL
43 TROY-WILLIS DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4/29/18
Sign Date

Name correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
43 Troy-Willis Dr.	43 Troy-Willis DR.
Street Address (Required)	Street Address (Required)
Council NC 28434	council N.C. 28434
City, State and Zip (Required)	City, State and Zip (Required)
4-29-2018 Date	4-29-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRENDA SHIPMAN LEACH
145 IDA'S LN
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [illegible])

[redacted] _____
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

The following people are PROHIBITED from signing the Witnesses' Certification:

JILL LENNON HESTER
317 L B LENNON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

☐ **Se... Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

4-25-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles Outlaw
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan st Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-25-18	4-25-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROSE MARIE JOHNSON
10710 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

4-26-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Linda J. Brewer	Terry Deep
Signature (Required)	Signature (Required)
30 CANAL St.	94 Ezrah Green Dr.
Street Address (Required)	Street Address (Required)
Lumberton, NC. 28358	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
04-26-18	4-26-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHNNIE CROMARTIE
497 MT. OLIVE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] ...nesses'

Name Correction (if applicable) 4-30-18

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Manon Leach
Street Address (Required) 164 Gean DR	Street Address (Required) 2170 Mercer Mill Rd
City, State and Zip (Required)	City, State and Zip (Required) Elizabethtown, NC 28337
Date 4/30/18	Date 4-30-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notanal seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BALAJI ANTONIO ASHE
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] complete **Option 2** of the *Witnesses'*

04-27-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Annie M. Lewis	Signature (Required): Shirley Cherry
Street Address (Required): 300 Hill St	Street Address (Required): 820 Moultrie Lane
City, State and Zip (Required): Elizabethtown N.C. 28337	City, State and Zip (Required): Elizabethtown N.C 28337
Date: 4-27-2018	Date: 4-27-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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SEAL

STATE OF _____

COUNTY OF _____ Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOE LEWIS MCMILLAN
107 EASY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-27-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Shirley C. Chesney	Signature (Required): [redacted]
Street Address (Required): 826 Matthew Lane	Street Address (Required): 123 Charles Dr
City, State and Zip (Required): Elizabethtown N.C 28337	City, State and Zip (Required): Council, NC 28434
Date: 4-27-18	Date: 4/27/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____ SEAL

COUNTY OF _____

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH ANN SMITH
119 TOMMY'S DR
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* c[redacted] 4-24-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wanda Grimes	Courtney Grimes
Signature (Required)	Signature (Required)
PO Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown, N.C. 28337	Elizabethtown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-24-2018	4-24-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____ SEAL

COUNTY OF _____ _____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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BALAJI ANTONIO ASHE
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] complete **Option 2** of the *Witnesses'*

04-27-18
Date

Voter Assistant Certification (if applicable)

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Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

NCSBE v2018.02

Witnesses' Certification

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(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Signature (Required)	Signature (Required)
300 Hill St	820 Multic Lane
Street Address (Required)	Street Address (Required)
Elizabethtown	Elizabethtown N.C 28337
City, State and Zip (Required)	City, State and Zip (Required)
N.C. 28337 — 4-27-2018	4-27-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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SEAL

STATE OF _____

COUNTY OF _____

Notary Public | Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH ANN SMITH
119 TOMMY'S DR
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-24-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wanda Grimes	Courtney Grimes
Signature (Required)	Signature (Required)
PO Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown, N.C. 28337	Elizabethtown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-24-2018	4-24-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____ SEAL

COUNTY OF _____

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM MONROE WARD
1461 MITCHELL FORD RD
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **2** of the *Witnesses'*

4-23-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Donna Outlaw
210 Pine Ridge Cir.	219 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-23-18 Date	4-23-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY ANN MCKOY
2129 VAUSE RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board approved Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the *ification*)

[redacted]

itnesses'

4-25-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Wheeler	Jay Lynn McKoy
Signature (Required)	Signature (Required)
108 Lewis DR	2129 Vause Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4-25-18 Date	4-25-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID TROY JR
209 MERCER MILL RD # 2M
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] the *Witnesses'*

4/15/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Charles	Haley Smith
Signature (Required)	Signature (Required)
WHHFS	248 East 4th St
Street Address (Required)	Street Address (Required)
Bethea	Dublin NC 28332
City, State and Zip (Required) 64 Smith Circle 28337	City, State and Zip (Required)
4/15/18 Date	4/15/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM MONROE WARD
1461 MITCHELL FORD RD
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

4-23-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
210 Pine Ridge Cir.	219 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-23-18 Date	4-23-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOYCE SYLVIA PAIT
1370 CENTER RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

[redacted]

X
Sig Date 4/28/2018

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Larry W. Pait	Lacy C Pait
Signature (Required)	Signature (Required)
584 Pleasant Gr. Ch Rd.	1370 Center Rd
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/28/18 Date	4/28/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MACON TRAVIS HAMMOND
1949 S PAGE RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Boar[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

800 Heath St. Apt. 66, Greenville, NC 27858
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **tion 2** of the *Witnesses'*

04/28/2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
1949 S. Page Rd.	1949 S. Page Rd.
Street Address (Required)	Street Address (Required)
Clarkton, NC 28433	Clarkton, NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4-28-18	4-28-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EARNESTINE PERRY WRIGHT
615 MCLEOD ST # 9D
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 4/27/18

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Shirley Cherry
Signature (Required)	Signature (Required)
123 Charles Dr	820 moultrie Lane
Street Address (Required)	Street Address (Required)
Conver, NC 28434	Elizabethtown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4/27/18 Date	4-27-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____
COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SADIE BELL BANKS
36 BANKS DR
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **Option 2** of the *Witnesses'*

4-25-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
36 Banks DR	108 Lewis DR
Street Address (Required)	Street Address (Required)
Clarkton NC 28433	Elizabethtown NC 28337
City, State and Zip (Required) 4-25-18 Date	City, State and Zip (Required) 4-25-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY ANN MCKOY
2129 VAUSE RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board approved Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the *...ification*)

[redacted]

...itnesses'

4-25-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Wheeler	Jay Lynn McKoy
Signature (Required)	Signature (Required)
108 Lewis DR	2129 Vause Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4-25-18 Date	4-25-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID TROY JR
209 MERCER MILL RD # 2M
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] the *Witnesses'*

4/15/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Charles	Signature (Required) Haley Smith
Street Address (Required) WHFS	Street Address (Required) 248 East 4th St
City, State and Zip (Required) Bethea	City, State and Zip (Required) Dublin NC 28332
64 Smith Circle 4/15/18 Date	4/15/18 Date
Elizabethtown, NC 28337	

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CORI DEE PALMER
664 RED OAK FARM RD
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certif*

[redacted]

X
Signatu

18.18
Date

Name

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Joe Allen Jr	April Fields
Signature (Required)	Signature (Required)
105 Roberson St	12642 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Tarheel NC 4/18/18	Bladenboro N.C. 28320
City, State and Zip (Required) Date	City, State and Zip (Required) 4/18/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

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CRYSTAL RENEE HESTER
428 S ASHE ST # 01
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

X [redacted] /18
Si

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

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(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Donna Outlaw	[illegible] C Outlaw
Signature (Required)	Signature (Required)
219 Hemlock Pl	209 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro NC
City, State and Zip (Required)	City, State and Zip (Required)
4/16/18	28320 4/16/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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MERRIEL LOCKLEAR
76 ROSINDALE RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

4-17-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) William C Callett	Signature (Required) [signature]
Street Address (Required) 12051 Hwy 41 W	Street Address (Required) 210 Pine Ridge Cir
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 4-17-18	Date 4-17-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANGILA RENEE FERGUSON
428 S ASHE ST # 4
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Durham	Charles Cottle
Signature (Required)	Signature (Required)
219 Hemlock Dr	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC
City, State and Zip (Required)	City, State and Zip (Required)
4-16-18	28320 4-16-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHELSEA ELIZABETH GUYTON
65 KELLY ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *witnesses'*

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Randy Deaver
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	12006 Hwy 211 West
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-15-18 Date	4-18-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Name and Complete Address

ROBERT WAIN JOKELA
1879 WHITE LAKE DR. #7211
ELIZABETHTOWN, N.C. 28337

Postage Required Post Office will not deliver without proper postage.

OFFICIAL ELECTION MAIL
Authorized by the U.S. Postal Service

RECEIVED
APR 30 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST CLASS MAIL

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN NC 28337-0512

brought in by voter on 4/30/18

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY BUIE HARRELSON
315 S ASHE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

X [redacted] 4-22-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[signature]	Stephen Harrelson
Signature (Required)	Signature (Required)
315 S. ASHE ST.	315 Ashe Ave
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/22/18 Date	4-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE M LEWIS
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **2** of the *Witnesses'*

4-27-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Shirley Cheray	[illegible]
Signature (Required)	Signature (Required)
820 moultrie Lane	123 Chaplas Dr
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Council NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
4-27-18 Date	4/27/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASON EVANS MCKELLAR
1017 ALLEN PRIEST RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ a [redacted] **n 2** of the *Witnesses' Ce*

X [redacted] 4/24/2018
Sig Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
120 Corton Mill Ln	120 Corton Mill Lane
Street Address (Required)	Street Address (Required)
Lexington, SC 29073	Lexington SC 29073
City, State and Zip (Required)	City, State and Zip (Required)
24 Apr 2018	24 Apr 2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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SHIRLEY CROMARTIE CHERRY
820 MOULTRIE LN
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board / App...

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a n... (the notary must complete **Option 2** of the *Witnesses' Ce...*

X [redacted] 4-27-18
Sig... Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____ SEAL

COUNTY OF _____

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUBY WILLIAMS WALLER
620 MCLEOD ST # 10F
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] must complete **Option 2** of the *Witnesses'*

4, 27, 18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Shirley C. Cherry
Street Address (Required) 123 Charles DR	Street Address (Required) 820 moultrie lane
City, State and Zip (Required) Council, NC 28434	City, State and Zip (Required) Elizabethtown N.C. 28337
Date 4/27/18	Date 4-27-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

SEAL

STATE OF _____

COUNTY OF _____

Notary Public | Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SONYA LENDRE SILVAS
950 BETHEL CHURCH RD
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not [redacted] absentee ballot (the *...nesses' Certification*)

☐ [redacted] **...n 2** of the *Witnesses'*

_____ Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Randy Deaver	Signature (Required): Samantha Morris
Street Address (Required): 12006 N.C. 211	Street Address (Required): 349 Gaston Dr.
City, State and Zip (Required): Bladenboro N.C 28320	City, State and Zip (Required): Bladenboro, NC 28320
Date: 4-10-18	Date: 4-10-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN TROY HARRELSON
315 S ASHE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4/22/18
Signature Date

Name

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Mary S. Harrelson	[illegible]
Signature (Required)	Signature (Required)
315 Ash St	315 S. ASHE ST.
Street Address (Required)	Street Address (Required)
Bladenboro NC. 28320	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-22-18	4/22/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT WAIN JOKELA
23 WILSON RD
WHITE LAKE, NC 28337

DEM - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other e to

[redacted]

Signature of Voter (if applicable)

1879 WHITE LAKE RD # 7211
EU 21 BEN TOWN, NC. 28337
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the *Witnesses' Certification*)

☒ [redacted] of the *Witnesses'*

04/27/2018
Date

Voter Assistance Certification

I certify that the Voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the 27 day of April, 2018, the Voter: Robert Wain Jokela personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF NC
COUNTY OF Bladen

Notary Public

Commission Expiration Date

BY NDSI PRESLEY
NOTARY PUBLIC
NORTH CAROLINA
Bladen County
My Comm. Exp.
03-08-2021

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DIANE OUTLAW BATES
200 VILLAGE ST # 10B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a no[redacted]e *Witnesses' Cert*

X [redacted] 4-25-18
Signa Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-25-18	4-25-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARJORIE KURMAY JOKELA
23 WILSON RD
WHITE LAKE, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

1879 White Lake Dr V#7211
Address where application and ballots should be mailed
Elizabethtown, NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

4/27/2018
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the 27 day of April, 2018, Marjorie Kurmay Jokela personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application(s) or certificate. [G.S. § 163-230]

STATE OF NC
COUNTY OF Bladen

Notary Public

NOTARY PUBLIC
CAMPBELL
NORTH CAROLINA
My Commission Exp.
03-08-2021

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMANDA RUSS CAIN
728 STORMS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

Signature of Voter (if applicable)

728 Storms Rd Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna C. Outlaw	[signature]
Signature (Required)	Signature (Required)
219 Hemlock Drive	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC
City, State and Zip (Required)	City, State and Zip (Required)
4-16-18 Date	28320 4-16-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AVERY CARROLL
635 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/13/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Holly Scott	Cecil Fields
Signature (Required)	Signature (Required)
248 East 4th St	1204a HWY 211 Bus.
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/13/18	4/13/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL ROSS DOWLESS
684 PAUL BRISSON RD
BLADENBORO, NC 28320

REP BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-15-2018
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
684 Paul Brisson Rd.	129B MLK JR DR
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/15/2018 Date	4/15/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PATRICIA ANN HYATT
303 PECAN ST # 4C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

4-17-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Quinton Packer
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	1290 MLK Jr. Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-17-18 Date	4-17-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARBARA GILLESPIE DURHAM
2148 MERCER MILL/BROWN MARSH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the voter must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-24-18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Marion G Jean	Signature (Required): Lola Wooten
Street Address (Required): 2170 mercer Mill Rd	Street Address (Required): 108 Lewis DR
City, State and Zip (Required): Elizabethtown, NC 28337	City, State and Zip (Required): Elizabethtown NC 28337
Date: 4-24-18	Date: 4-24-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEANETTE CAROLYN PETERSON
209 MERCER MILL RD # 2K
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/23/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Charles W Bethea	Carroll
Signature (Required)	Signature (Required)
644 Smith Cir	1676 NC Hwy 211 west
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Carlton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4/23/18 Date	4/23/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____
COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BEVERLY ANNE GILLESPIE
2148 MERCER MILL/BROWN MARSH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

4/24/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Mavon Leach	Signature (Required) Lola Weeks
Street Address (Required) 2170 Mercer Mill Rd	Street Address (Required) 1086 Lewis Dr
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 4-24-18	Date 4-24-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TROY CRIS HARRELSON
315 S ASHE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] **Option 2** of the *Witnesses' Cer*[redacted]

X _____ 4/22/18
Sign[redacted] Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) MaryBHarrelson	Signature (Required) Stephen Hamilton
Street Address (Required) 315 Ash St	Street Address (Required) 315 Ash Street
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro NC, 28320
Date 4-22-18	Date 4/22/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOYCE STEPHENS JONES
549 NC 410 HWY # 9D
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

4-24-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woodly D Hester 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woodly D Hester 4-24-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
David J Taylor	Woodly D Hester
Signature (Required)	Signature (Required)
117 Taylor's Rd	371 Sunset Park Road
Street Address (Required)	Street Address (Required)
28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
Bladenboro 4-24-18	4-24-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONALD WAYNE DOWLESS
3776 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to p[redacted]ligible ballots.)

[redacted]
Signature of Voter (if applicable)

Same as above
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/30/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kasey Wickel	Linda D Russ
Signature (Required)	Signature (Required)
3776 Twisted Hickory Rd	164 OP Circle
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18	3/30/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUDY BRYAN DOWLESS
684 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] on 2 of the *Witnesses'*

4/15/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Daniel R Dowless	Christy Parker
Signature (Required)	Signature (Required)
684 Paul Brisson Rd	1378 Mill Jr Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/15/2018 Date	4-15-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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KASEY D WICKER
3776 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ [redacted] tion 2 of the *Witnesses'*

4/1/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donald Dowless	Linda D Russ
Signature (Required)	Signature (Required)
3776 Twisted Hickory Rd	1164 DP Circle
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4/1/18 Date	4/1/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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CLETUS E DOWLESS
6802 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/22/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Amanda Downs	Carrie Gibson
Signature (Required)	Signature (Required)
3443 Center Rd	9592 NC 41 Hwy W
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/22/18 Date	4/22/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONSTANCE BENNETT BROOKS
303 PECAN ST # 2D
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted]
Ce

X
Sig[redacted]

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Crumpton	Randy Deaver
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	12006 Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-18-18 Date	4-18-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AVERY CARROLL
635 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/13/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Holly Scott	Cecil Fields
Signature (Required)	Signature (Required)
248 East 4th St	1204a HWY 211 Bus.
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/13/18	4/13/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONSTANCE BENNETT BROOKS
303 PECAN ST # 2D
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted]
Ce

X
Sig[redacted]

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Crumpton	Randy Deaver
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	12006 Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-18-18 Date	4-18-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID JAMES TAYLOR
117 TAYLOR'S RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/24/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro, NC
Name of Assistant Address of Assistant

X Woody D Hester 4-24-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	Tonya Long
Signature (Required)	Signature (Required)
371 Sunset Park Rd	600 North Main St
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-24-2018	4/26-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____
COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM L STEPHENS
1574 VAUSE RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-25-18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Webster	Patricia Stephens
Signature (Required)	Signature (Required)
108 Lewis Dr	1574 Vause Rd
Street Address (Required)	Street Address (Required)
Elizabethtown	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4-25-18 Date	4-25-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LARRY TAZ TODD
492 BURNEY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4/26/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody P Hester 371 Syncott Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woody P Hester 4/26/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody P Hester	Tonya Long
Signature (Required)	Signature (Required)
371 Syncott Park Rd	606 North Main St
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-26-2018	4-26-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELYATT BC

BETTY ~~GAIN~~ CAIN
83 HERITAGE TRAIL
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4/8/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Tramposch	Christy Packer
Signature (Required)	Signature (Required)
303 Pecan St Apt. 5C	129 MLK Jr DR
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4-8-18 Date	City, State and Zip (Required) 4-8-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MATTHEW DANIEL SMITH
353 SUNSET PARK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C

[redacted] 4-26-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wendy D Hester | 371 Sunset Park Road, Bladenboro 28320

Name of Assistant | Address of Assistant

X Wendy D Hester | 4/26/2018

Signature of Assistant | Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Annie Smith	Wendy D Hester
Signature (Required)	Signature (Required)
353 Sunset Park Rd	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro, N.C. 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/26/18	4-26-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public | Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORMA MCLEAN OUTLAW
102 5TH ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-16-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James C Outlaw	Donna Outlaw
Signature (Required)	Signature (Required)
219 Hemlock Dr	219 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro NC
City, State and Zip (Required) 28320	City, State and Zip (Required)
4-16-18 Date	4-16-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASON MORRIS BRITT
148 ROGERS DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/18/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Rebecca Thompson	Signature (Required) Enid Fields
Street Address (Required) 353 Pecan St. Apt 5C	Street Address (Required) 2042 Hwy 211 Bus.
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro N.C. 28320
Date 4-18-18	Date 4/18/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTIAN SMITH
37 ARMFIELD ST
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
248 East 4th St	12042 Hwy 211 Business
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Blackenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/16/18 Date	4/16/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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DATESHA DWANA MONTGOMERY
390 TWISTED HICKORY RD # 13
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-16-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

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_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Randy Deaver	Haley Scott
Signature (Required)	Signature (Required)
1206 Hwy 211 Business	248 East 4th St
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Dunn NC 28334
City, State and Zip (Required)	City, State and Zip (Required)
4/16/18	
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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PHILLIP PAUL TURNER
12025 NC 242 HWY S
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

[redacted] **2** of the *Witnesses'*

4-16-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

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Witness #1	Witness #2
Rebecca Thompson	Christy Pooler
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	1338 MLK Jr. Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-16-18 Date	4-16-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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DON EARL GRATE
416 E SWANZY ST # B
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ [redacted]

X _____ 4-24-18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NAOMI CAIN
12924 NC 242 HWY S
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted]
Signat Date

Name

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Cynthia Parker
Signature (Required)	Signature (Required)
203 Pecan St Apt. 5C	1298 Mt Vir. Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4-16-18 Date	City, State and Zip (Required) 4-16-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

FRED SMITH
208 W 7TH ST
DUBLIN, NC 28332

REP – BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

4/15/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X
_____ _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pearline Pindle	April Fields
Signature (Required)	Signature (Required)
549 Hwy 410	12042 Hwy 211
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/15/18	4/15/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANGELINE YOUNG
148 LEWIS DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

4-23-18
Date

_____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Annette W. Smith	Signature (Required): Mason L Leach
Street Address (Required): 176 Mt. Olive Rd	Street Address (Required): 2170 Moran Mill Rd
City, State and Zip (Required): Elizabethtown, NC 28337	City, State and Zip (Required): Elizabethtown NC. 28337
Date: 4-23-18	Date: 4-23-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROY WEBSTER FIELDS
1157 MUNN'S LN
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] *Witnesses'* C[redacted] 4-14-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) 1568 Tar Heel Rd.	Street Address (Required) 216 WEBB PARK RD
City, State and Zip (Required) Tar Heel NC 28392	City, State and Zip (Required) BLADENBORO NC 28320
Date 4-14-18	Date 4-14-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY RAY BURNEY JR
153 OLD BOARDMAN RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] the *Witnesses'*

4-19-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

Woody D Hester 4-19-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	James R Singletary
Signature (Required)	Signature (Required)
371 Sunset Park Rd.	1216 WEBB FAULKRD
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	BLADENBORO NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-19-2018	4-19-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEVY CLAYTON PAIT
1370 CENTER RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary pu[redacted] *Certificatio*[redacted]

X [redacted] 4/28/18
Signature of V[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Joyce Sylvia Pait — 1370 Center Rd
Name of Assistant — Address of Assistant

X Joyce Sylvia Pait — Bladenboro NC 28320
Signature of Assistant — 4/28/18 Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Levy W. Pait	Joyce Sylvia Pait
Signature (Required)	Signature (Required)
384 Pleasant Gr. Ch. Rd.	1370 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/28/18 Date	4/28/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

The following people are PROHIBITED from signing the Witnesses' Certification:

JUDY ANN FREDERICK
420 E MCKAY ST # 2D
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete the **Option 2** of the *Witnesses' Certification*)

[redacted]

4-23-18

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Katrici S. Rogers	Lola Woods
Signature (Required)	Signature (Required)
401 Qual 54.	108 Lewis DR
Street Address (Required)	Street Address (Required)
Elizabethtown N.C 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-23-18	4-23-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAWN BRIDGER THOMPSON
13004 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for [redacted] ny other ligible to

[redacted]
Signature of Voter (if applicable)

13004 Hwy 131 N Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

X [redacted] 4-20-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jeff Adams	Barbara Atkins
Signature (Required)	Signature (Required)
348 N Main	314 North Main St.
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/20/18	4-20-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KEVIN LEE ROUSE
550 SUNSET PARK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses' Ce*

X [redacted] 4/16/18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James R Bonfiglio	Woody P Hester
Signature (Required)	Signature (Required)
216 WEBB PAULK RD	371 Sunset Park Rd.
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-16-18	4-16-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOUISE A WHITE
602 VILLAGE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bo

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that any other eligible to

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] of the *Witnesses' Cer*

X [redacted] 4/26/18
Signa Date

Name correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Penelope Walters	Myhnda John
Signature (Required)	Signature (Required)
1520 NC Hwy 242 S	1173 Wilbur Pridgen Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Harrells, NC. 28444
City, State and Zip (Required)	City, State and Zip (Required)
4/26/18	4/26/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY LEWIS KEALON
148 LEWIS DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

[redacted] 4-23-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Annette W. Smith	Marion L Leach
Signature (Required)	Signature (Required)
196 MT. Olive Rd	2170 Mercer Mill Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown, NC 28337	Elizabethtown, NC
City, State and Zip (Required)	City, State and Zip (Required)
4-23-18	4-23-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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LISA GAIL RUSS
303 PECAN ST # 2A
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-18-2018
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebeca Thompson	April Fields
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	2042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-18-18	4/18/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILBUR CRAIG CALLIHAN
12051 NC 41 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X [redacted] 4/17/18
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
210 Pine Ridge Cir	1306 W Seaboard St
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-17-18 Date	4/17/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY KENT WARD
2852 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-17-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy L Shaw	Brenda L. Ward
Signature (Required)	Signature (Required)
2852 Twisted Hickory Rd	2852 Twisted Hickory Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown, NC 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4/17/18	4.17.18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

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STATE OF _____

COUNTY OF _____ SEAL

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHARON LENORE LESSANE
2217 MURRAY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **2** of the *Witnesses'*

4-24-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wanda Grimes	Courtney Grimes
Signature (Required)	Signature (Required)
P.O. Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown N.C. 28337	Elizabethtown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-24-2018	4-24-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATHANIEL SMITH
119 TOMMY'S DR
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-24-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wanda Grinder	Courtney Grimes
Signature (Required)	Signature (Required)
PO Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown NC. 28337	Elizabethtown NC. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-24-2018	4-24-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROSALIND JUNE LESSANE
2217 MURRAY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] f the *Witnesses'*

4-24-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wanda Grimes	Courtney Grimes
Signature (Required)	Signature (Required)
P.O Box 2734	P.O Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown, N.C. 28337	Elizabethtown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-24-2018	4-24-2018
Date	Date

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEE DAVIS HOWELL
117 TOMMY'S DR
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a[redacted]ion 2 of the *Witnesses'* C[redacted]

[redacted] 4-24-18
S[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

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_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

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Witness #1	Witness #2
Wanda Geiger	Courtney Grimes
Signature (Required)	Signature (Required)
P.O. Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown, nc. 28337	Elizabethtown NC. 28337
City, State and Zip (Required) 4-24-2018 Date	City, State and Zip (Required) 4-24-2018 Date

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STATE OF _____

COUNTY OF _____ SEAL

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ANGELA SUZETTE HOWELL
117 TOMMY'S DR
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Bo

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

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4/24/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

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Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
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Witness #1	Witness #2
Wanda Grimes	Courtney Grimes
Signature (Required)	Signature (Required)
P.O. Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown NC. 28337	Elizabethtown NC. 28337
City, State and Zip (Required) 4-24-2018	City, State and Zip (Required) 4-24-2018
Date	Date

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STATE OF _____

COUNTY OF _____

SEAL

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ANTHONY JENNINGS JOHNSON
303 PECAN ST # 2H
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	James R Singleton
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB FARM RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notanal seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GLORIA PRIDGEN DAVIS
157 BLADENBORO AIRPORT RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

4/5/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Shanika Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/5/18	4/5/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALLYSON J THOMPSON
3238 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

4-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
3238 Center Rd	2859 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4/3/18 Date	NC 28337 4-3-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES MATTHEW OUTLAW
303 PECAN ST # 5C
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St Bladenboro NC 28320 Apt. 5C — Address of Assistant
X Rebecca Thompson — Signature of Assistant
3/21/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca D Thompson	Unavailable Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18	3/21/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EMILY LOUISE PACKER
57 SHAW ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	[illegible]
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St APT 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONALD RAY GRAHAM
303 PECAN ST # 3B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

_____ ate
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY ALICE DAVIS
303 PECAN ST # 5C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/21/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St. Apt. 5C Bladenboro NC 28320 — Address of Assistant
x Rebecca Thompson — Signature of Assistant
3/21/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca D. Thompson	Jessica P Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18 Date	3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT LEE MONTGOMERY
303 PECAN ST # 4D
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] on 2 of the *Witnesses'*

3/22/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18 Date	3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHANIE NICOLE KNEPPER
290 WILLOUGHBY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to [redacted]allots.)

[redacted]

P.O. Box 1099 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

[redacted] 4-8-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sharon K. Ezzell	Micah Bu[illegible]
Signature (Required) Sharon K. Ezzell	Signature (Required)
Street Address (Required) 326 Willoughby Rd	Street Address (Required) 290 Willoughby Rd
City, State and Zip (Required) Bladenboro nc 28320 04/08/18	City, State and Zip (Required) Bladenboro N.C 28320 Date 4/08/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SCOTTIE LANE STORMS
7242 NC 211 HWY W
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for [redacted] ballots for any other which I am eligible to [redacted] ballots.)

[redacted]

P.O. Box 1014
7242 Hwy 211 West
Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] plete **Option 2** of the *Witnesses'*

4/11/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Tinya Long 600 North Main St
Name of Assistant Address of Assistant

X Tinya Long 4-11-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Tinya Long	Sherry Long
Signature (Required)	Signature (Required)
600 North Main St	9933 NC Hwy 242-South
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-11-18	4-11-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RICHARD VANCE MABE JR
264 E 4TH ST
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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☐ [redacted] **n 2** of the *Witnesses'*

4-12-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna B Mabe	Holly Smith
Signature (Required)	Signature (Required)
264 Fourth St	248 East 4th St
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Dublin NC 28332
City, State and Zip (Required)	City, State and Zip (Required)
4-12-18 Date	4/12/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEREMIAH VANCE MABE
264 E 4TH ST
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/12/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Dana Mabe	Hale Swt
Signature (Required)	Signature (Required)
264 Fourth St	248 E 4th St
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Dublin NC 28332
City, State and Zip (Required)	City, State and Zip (Required)
4-12-18 Date	4/12/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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ZACHARY AUSTIN DOMIN
1746 PLEASANT GROVE CHURCH RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a [redacted] must complete **Option 2** of the *Witnesses'* C

[redacted] 4/11/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Canady	April Fields
Signature (Required)	Signature (Required)
100 Kitty Lane	12042 Hwy 211 Business
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-11-18	4-11-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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HUGHLON L MCDANIEL
9343 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses'*

X [redacted] 4-3-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Sandy Lee Shaw	Signature (Required): Vivian A. McShaw
Street Address (Required): 952 Twisted Hickory Rd	Street Address (Required): 9343 Hwy 131
City, State and Zip (Required): Elizabethtown NC 28337	City, State and Zip (Required): Bladenboro, N.C. 28320
Date: 4-3-18	Date: 4.3.18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES CHARLES OUTLAW
219 HEMLOCK DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna C. Outlaw	[signature]
Signature (Required)	Signature (Required)
219 Hemlock Dr.	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-22-18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDON TYLER BUTLER
315 MIDWAY DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 03-24-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna C. Outlaw	[signature]
Signature (Required)	Signature (Required)
219 Hemlock Dr.	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-24-18	3-24-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH SMITH DAVIS
1563 TAR HEEL RD
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] the *Witnesses'* C

X [redacted] 4-3-18
Si Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelley Hendrix	Cindy Lee Shaw
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	3853 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Elizabethtown,
City, State and Zip (Required)	City, State and Zip (Required)
4/3/18	NC 28337 4-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY RAY TAYLOR
864 HICKORY GROVE BALLPARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted] 4/3/18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	Sandy Joe Shaw
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	852 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4/3/18	4-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUELINE DELORIS ROBERTS
821 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the V[redacted] I am providing assis[redacted] unavailable to assis[redacted]

[redacted] 3/28/18
Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Courtney Grimes	Wanda Grimes
Signature (Required)	Signature (Required)
P.O. Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown, NC 28337	Elizabethtown, N.C. 28337
City, State and Zip (Required) 3-28-18 Date	City, State and Zip (Required) 3-28-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

D.M.C

D.M.C

DELLA MAE CERVANTEZ
1187 STORMS RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-13-2018
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Jonathan Cervantes
Signature (Required)	Signature (Required)
959 Twisted Hickory Rd	1187 storms rd Bladenboro
Street Address (Required)	Street Address (Required)
Elizabethtown	Bladenboro N.C 28320
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337 4-13-18	4-13-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RICHARD M LONG
48 HILLSIDE CIR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **2** of the *Witnesses'*

3-22-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	James R Singletary
Signature (Required)	Signature (Required)
5168 Tar Heel Rd.	216 WEBB FALK RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

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Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA DOWLESS PAIT
587 LYON LANDING RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a no[redacted] *Witnesses' Cert*

X [redacted] 4-7-18
Signa[redacted] ate

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lynn Alexander Pait	Christopher Ryan Pait
Signature (Required)	Signature (Required)
587 Lyon Landing	587 Lyon Landing
Street Address (Required)	Street Address (Required)
Elizabethtown NC	Elizabethtown NC.
City, State and Zip (Required)	City, State and Zip (Required)
28337 4-7-18	28337 4-7-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES GLENN WILKINS
82 MAIN ST
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4/8/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	Rebecca Thompson
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	303 Pecan St. Apt 5C
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18	4/8/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

under Chapter 163 of the N.C. General Statutes

ing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BLAKE MATTHEW WILLOUGHBY
1894 US 701 HWY S
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to s.)

[redacted] 4/9/18
Signature of Voter (if applicable)

P.O. Box 2404 Elizabethtown NC
Address where application and ballots should be mailed 28337

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 4/9/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Christopher S McLaughlin II	April Fields
Signature (Required)	Signature (Required)
[redacted]	April Fields
Street Address (Required)	Street Address (Required)
911 W 5th Street	1202 HWY 211 Business
City, State and Zip (Required)	City, State and Zip (Required)
Dublin NC 28332 4/9/18	Bladenboro NC 28320 4/9/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notanal seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH JEAN GAINEY
200 VILLAGE ST # 12A
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses' Certification)

☐ [redacted] of the *Witnesses'*

4/5/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
248 E 4th St.	248 East 4th St
Street Address (Required)	Street Address (Required)
Dublin NC	Dublin NC
City, State and Zip (Required)	City, State and Zip (Required)
28332	28332
4/5/18 Date	4/5/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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HAILEIGH MARIE SAHLI
315 MIDWAY DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a [redacted] **n 2** of the *Witnesses'*

Si [redacted] 03-24-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Donna C Outlaw	
Signature (Required)	Signature (Required)
219 Hemlock Dr.	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-24-18	3-24-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELLA R TYNDALL
208 W WALNUT ST # 6A
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

4/3/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelley Hendrix
Signature (Required)	Signature (Required)
8857 Twisted Hickory Rd	1568 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown	Tar Heel NC 28392
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337 4/3/18	4/3/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANNON NICKOLE BUTNER
148 ROGERS DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

3/31/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelley Hendrix
Signature (Required)	Signature (Required)
2452 Twisted Hickory Rd	15108 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown	Tar Heel NC 28392
City, State and Zip (Required) NC 28337	City, State and Zip (Required)
3-31-18 Date	3/31/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDDIE RAY CALLAHAN
1913 MITCHELL FORD RD
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-12-18
Signature of Voter (Required) Date

1913 Mitchell Ford Rd
Name Correction (if applicable)

Clarkton N.C 28433

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Dutlaw	James Dutlaw
Signature (Required)	Signature (Required)
219 Hemlock Drive	219 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro NC
City, State and Zip (Required)	City, State and Zip (Required)
4-12-18 28320	28320 4-12-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA FAYE WARD
1568 TAR HEEL RD
TAR HEEL, NC 28392

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelsey Hendrix	Sandy Lee Shaw
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	3255 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18	NC 28337 3-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES ELBERT COUNCIL
162 COUNCIL AND RICHARDSON DR
TAR HEEL, NC 28392

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-3-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Joe R Allen	[illegible]
Signature (Required)	Signature (Required)
105 Robinson St	163 Main St.
Street Address (Required)	Street Address (Required)
Tar Heel N.C. 28392	Tar Heel N.C. 28392
City, State and Zip (Required)	City, State and Zip (Required)
4-3-18	4-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICAH DUSTIN BURNEY
120 WILLOUGHBY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boar

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted] tee ballots for any other in which I am eligible to eligible ballots.)

Signature of Voter (if applicable)

290 Willoughby Rd Bladenboro
Address where application and ballots should be mailed

PO Box 1099 NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] complete **Option 2** of the *Witnesses' Ce*

X [redacted] 04/08/18
Sig Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Christopher McLaughlin	BRANDON JUDSON
Signature (Required)	Signature (Required)
Street Address (Required) 91 W 8th St	Street Address (Required) 268 Willoughby Rd
City, State and Zip (Required) Dublin NC 28332 Date 04/08/18	City, State and Zip (Required) Bladenboro NC 28320 Date 4/08/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTOPHER RYAN PAIT
587 LYON LANDING RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

X ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

4-7-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lisa Dawless Pait	Ryan Alexander Pait
Signature (Required)	Signature (Required)
587 Lyon Landing	587 Lyon Landing
Street Address (Required)	Street Address (Required)
Elizabethtown N.C	Elizabethtown NC
City, State and Zip (Required)	City, State and Zip (Required)
28337 4-7-18	28337 4-7-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARBARA JEAN PACKER
299 OAK GROVE CHURCH RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/6/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jessica Thompson	Unassisty Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 Pecan st. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/6/18	4/6/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAYLA MICHELLE KENNEDY
2020 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

4-9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	James R Singleton
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB FARM RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/3/18 Date	4-9-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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ANTHONY JAMES ROBERTS
821 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **n 2** of the *Witnesses'*

4-11-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wanda Grimes	Courtney Grimes
Signature (Required)	Signature (Required)
P.O. Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-11-2018	4-11-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TAVONNA JANAY JACOBS
390 TWISTED HICKORY RD # 12
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

	Witness #1	Witness #2
	Charles	April Fields
Signature (Required)	Bethea	April Fields
Street Address (Required)	641 Smith Circle	12042 Hwy 211 Busines
City, State and Zip (Required)	Elizabethtown NC 2833	Bladenboro NC 28320
Date		4-11-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MORGAN PAIGE BORDEAUX
8104 NC 41 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boar[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]ch I am eligible to [redacted]ballots.)

[redacted]
Signature of Voter (if applicable)

8104 NC HWY 41 W
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

[redacted]**ption 2** of the *Witnesses'*

4-10-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Imya King 600 North Main St Bladenboro NC
Name of Assistant Address of Assistant

X Imya King
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Imya King
8104 NC Hwy 41 W	600 North Main St
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-10-18	
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

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JESSICA PAIGE THOMPSON
303 PECAN ST # 9E
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a n[redacted] the *Witnesses' Ce*

X [redacted] 3/21/18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — 303 Pecan St. Apt. 5C Bladenboro NC 28320
Name of Assistant — Address of Assistant

X Rebecca Thompson 3/21/18
Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Chasity B Thompson	Rebecca David Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/21/18 Date	City, State and Zip (Required) 3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

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DEBRA LYNN WIX
155 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

3/31/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5E	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/31/18 Date	3/31/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GINGER SHEA EASON
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-21-2018
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	James R. Songtuan
Signature (Required)	Signature (Required)
5168 Tar Heel Rd.	216 WEBB FAULK RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DUSTIN D SPURLING
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-21-2018
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelley Hendrix	James R Singletary
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB FARM RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHASSIDY BROOKE THOMPSON
303 PECAN ST # 5C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/21/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St Apt 5C Bladenboro NC 28320 — Address of Assistant
X Rebecca Thompson — Signature of Assistant
3/21/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca D. Thompson	Jessica P Thompson
Signature (Required)	Signature (Required)
303 Pecan st. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18 Date	3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES FELTWELL
303 PECAN ST # 2F
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY



Board [redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* [redacted] 3/22/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jessica D Thompson	Rebecca Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/23/18 Date	City, State and Zip (Required) 3/22/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIVIAN HORNE MCDANIEL
9343 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-3-18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Hughlon L. McDaniel
Signature (Required)	Signature (Required)
2852 Twisted Hickory Rd	9343 Hwy. 131
Street Address (Required)	Street Address (Required)
Elizabethtown	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337 4-3-18	4-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRENTON KEITH HEVERLY II
2305 GUYTON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 3/29/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/29/18 Date	3/29/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERRI KHALYAH DAVIS
157 BLADENBORO AIRPORT RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Cer*[redacted]

X [redacted] 4/5/18
Signa Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Chassidy Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 pecan st. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required) 4/5/18 Date	City, State and Zip (Required) 4/5/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHERYL JANE KINLAW
500 CHESTNUT ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-20-2018

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	James R Singletary
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB FAUK RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORMAN RUFFTY PACKER SR
299 OAK GROVE CHURCH RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] e *Witnesses'*

_____ 4/6/18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jessica Thompson	Ihasha Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 pecan st. Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/6/18 Date	4/6/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRITTANY LYNN EDWARDS
307 BERRY LEWIS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

307 Berry lewis Rd Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted]he *Witnesses'* Ce[redacted]

X [redacted] 4/9/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Christopher S. Mclaughlin	April Fields
Signature (Required)	Signature (Required)
[redacted]	April Fields
Street Address (Required)	Street Address (Required)
91 W 8th Street	12042 Hwy 211 Business
City, State and Zip (Required)	City, State and Zip (Required)
Dublin NC 28332 4/9/18 Date	Bladenboro NC 28320 4/9/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENISE MCKENZIE LACEWELL
904 M AND M ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected ill

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of [redacted] entee ballot (the witnesses must [redacted] es' Certification)

☐ [redacted] the *Witnesses'*

[redacted] 03-27-19
Date

(if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section]

Witness #1	Witness #2
Signature (Required)	Kristi McKeel
887 Jack St.	908 M+M St.
Street Address (Required)	Elizabethtown, NC 28337
Elizabethtown, NC	3-27-18
City, State and Zip (Required)	Date
03-27-18	
Date	

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GINA PRIEST WARD
1798 NC 11 HWY
KELLY, NC 28448

UNA (DEM) - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other e[redacted]ch I am eligible to p[redacted]ballots.)

[redacted]
Signature of Voter (if applicable)

1798 NC Hwy 11 Kelly NC 28448
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a[redacted] **Option 2** of the *Witnesses' C*

[redacted] 4/1/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
William E. Ward	Gracie Griffin
Signature (Required)	Signature (Required)
1798 NC Hwy 11	1798 E hwy 11
Street Address (Required)	Street Address (Required)
Kelly NC 28448	Kelly NC 28448
City, State and Zip (Required)	City, State and Zip (Required)
4/1/18 Date	4-1-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GLORIA WARD GRIFFIN
1798 NC 11 HWY
KELLY, NC 28448

UNA (DEM) - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 1-1-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
William E Ward	Gina P. Ward
Signature (Required)	Signature (Required)
1798 NC Hwy 11	1798 NC Hwy 11
Street Address (Required)	Street Address (Required)
Kelly NC 28448	Kelly NC 28448
City, State and Zip (Required)	City, State and Zip (Required)
4/1/18 Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM C STOGNER
304 MIDWAY DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-26-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) Village Oak Apt 2-7	Street Address (Required) 120 W Seaboard St
City, State and Zip (Required) Bladenboro N.C. 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 3-26-18	Date 3/26/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHNNY DEAN BRYAN
303 PECAN ST # 6D
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3/22/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Cutler
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/22/18 Date	City, State and Zip (Required) 3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA JEAN DEAVER
12006 NC 211 HWY W
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-23-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St. Apt. 5C Bladenboro NC 28320 — Address of Assistant
Rebecca Thompson — Signature of Assistant
3/23/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Little
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18 Date	3-23-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUSTIN S HALL
613 W SEABOARD ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*

[redacted] 3-25-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Outlaw
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/25/18 Date	City, State and Zip (Required) 3-25-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ARNAL A BUNNELL
303 PECAN ST # 3H
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a n[redacted] the *Witnesses' Ce*

X [redacted] 3/24/18
Sign Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Cutt
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/24/18 Date	3-24-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL DAVID BRYAN
57 SHAW ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/23/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

303 Pecan St. Apt 5C
Rebecca Thompson Bladenboro NC 28320
Name of Assistant Address of Assistant

Rebecca Thompson 3-23-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica P Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St. Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/23/18	City, State and Zip (Required) 3/23/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMANTHA J MORRISON
104 PECAN ST # 5-B
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **n 2** of the *Witnesses'*

3-23-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): William N Jackson	Signature (Required): Bernie P. Darnell
Street Address (Required): PO BOX 496	Street Address (Required): 521 Armfield St.
City, State and Zip (Required): DUBLIN NC 28332	City, State and Zip (Required): Dublin N.C. 28332
Date: 3-23-18	Date: 3-23-2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHASSIDY HOPE YARBROUGH
41 FREDRICK BRITT RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] **n 2** of the *Witnesses'*

3-22-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Britt
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES TODD HARRELSON
204 MIDWAY DR # 11
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3/23/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — 303 Pecan St Apt 5C Bladenboro NC 28320
Name of Assistant — Address of Assistant

Rebecca Thompson — 3/23/18
Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Oatts
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18	3-23-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KAYLA BARNES HALL
613 W SEABOARD ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **S**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

[redacted] **Option 2** of the *Witnesses'*

3/25/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charlie M Pitt
Signature (Required)	Signature (Required)
305 Pecan St Apt 5C	307 Pecan st Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/25/18	3-25-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBRA JO HARRIS
969 STORMS RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted] uni:

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a [redacted] f the *Witnesses' Ce*

X [redacted] 3-25-18
Sig Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Catt
Signature (Required)	Signature (Required)
303 Pecan St APT 5C	303 Pecan St APT 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/25/18 Date	3-25-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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DAVID DELANE CHRISTIAN
125 DUSTY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a not[redacted]ion 2 of the *Witnesses' Certi*

X [redacted] 3-23-2018
Signat Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St Apt 5C Bladenboro NC 28320 — Address of Assistant
Rebecca Thompson — Signature of Assistant
3/23/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Rebecca Thompson	Charles M. Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18	3-23-18
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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LUTHER DEAVER JR
12006 NC 211 HWY W
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a not[redacted]on 2 of the *Witnesses'*

[redacted] 3-23-18
Name Correction (if applicable) Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson 303 Pecan St. Apt. 5C
Name of Assistant Address of Assistant
Rebecca Thompson 3/23/18
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Cutt
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18	3-23-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUDY ANN MCLEOD
209 W WALNUT ST # 3D
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3/23/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18 Date	3-23-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANNY K BRYAN
277 ZION HILL CHURCH RD
BLADENBORO, NC 28320

UNA (REP) BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses' Certification*)

X [redacted] 3-25-18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Ott
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan st Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/23/18 Date	City, State and Zip (Required) 3-23-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY R SHAW
114 MIDWAY DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

Signature — Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St Apt 5C Bladenboro NC 28320 — Address of Assistant
X Rebecca Thompson 3/23/18 — Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica P Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 19C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18	3/23/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANDY GLENN MCINTYRE
817 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted]

817 Fox St Elizabethtown
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 section below)

☐ a [redacted]

[redacted] 3-27-018
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
904 mt M St.	908 mt m St.
Street Address (Required)	Street Address (Required)
Elizabethtown, NC	Elizabethtown, NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
28337 03-27-18	3-27-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LORI ANN CARMONA
303 PECAN ST # 9E
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] f the *Witnesses'* 3/21/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St Apt 5C Bladenboro NC 28320 — Address of Assistant
x Rebecca Thompson — Signature of Assistant
3/21/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
	Rebecca P Thompson
Signature (Required) Rebecca P Thompson	Signature (Required) 303 Pecan St Apt 9E
Street Address (Required) 303 Pecan St Apt. 5C	Street Address (Required) Bladenboro NC 28320
City, State and Zip (Required) Bladenboro NC 28320 3-21-18 Date	City, State and Zip (Required) 3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY ELIZABETH EDWARDS
204 MIDWAY DR # 11
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

S... Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St Apt. 5C Bladenboro NC 28320 — Address of Assistant
x Rebecca Thompson — Signature of Assistant
3/23/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Cutts
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18	3-23-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANDREA LYNN HEVERLY
2305 GUYTON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

[redacted] 3-26-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/26/18 Date	3/26/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DERRICK HENDRIX
407 VICTORIA DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bot

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/7/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kaley Hendrix	Rebecca Thompson
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	303 Pecan St. Apt 5C
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18	4/8/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOUISE HERRING LITTLE
10081 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-21-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	James R Singletary
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB MILL RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANICE ANN MONTGOMERY
62 MONTGOMERY RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

S [redacted] 4-7-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Dennis King Sr Signature (Required)	Arlese Monroe Signature (Required)
62 Montgomery Road Street Address (Required)	451 mckay Rd Street Address (Required)
Clarkton NC 28433 City, State and Zip (Required)	Clarkton NC 28433 City, State and Zip (Required)
_____ Date	4-7-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENNIS MICHAEL KING JR
62 MONTGOMERY RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-7-18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Janice Montgomery	Arlise Monroe
Signature (Required)	Signature (Required)
62 Montgomery Road	451 Anchor Rd
Street Address (Required)	Street Address (Required)
Clarkton N.C 28433	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4-7-18	4-7-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATONIA LAVERNE DAVIS
131 BLADENBORO AIRPORT RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

3/22/18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Freida Ballam	[illegible]
Signature (Required)	Signature (Required)
1655 Butlermill Rd	131 [illegible]
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Bladenboro NC
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18 Date	3/22/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES MELVIN POWELL
10759 S COLLEGE ST # 2G
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other e[redacted]le to p[redacted]

Si[redacted]

10759 College St # 2G Clarkton NC 28433
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

4-9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Weeks	Elizabeth Lee
Signature (Required)	Signature (Required)
109 Lewis DR	10759 S College St Clarkton
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	NC 28433
City, State and Zip (Required) 4-9-18 Date	City, State and Zip (Required) 4-9-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATHY LYNN BUFFKIN
303 PECAN ST # 4B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

3-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Butt
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan st Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18 Date	3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G S § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSHUA DANIEL MCLAUGHLIN
2530 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other election[redacted] I am eligible to participate. (Check the box to receive eligible ballots.)

X _____
Signature of Voter (if applicable)

2530 Old Abbottsburg Rd Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a nota[redacted]plete **Option 2** of the *Witnesses' Certifi*

X _____ 4/6/18
Signatur[redacted] Date

Name C[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Christopher Mclaughlin	Gerry Mclaughlin
Signature (Required)	Signature (Required)
91 w 8th Street	2530 Old Abbottsburg Rd
City, State and Zip (Required)	City, State and Zip (Required)
Dublin NC 28332	Bladenboro NC 28320
04/6/18 Date	4/6/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HANNAH NICOLE SMITH
248 E 4TH ST
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] on 2 of the *Witnesses'*

4-5-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X
_____ _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
248 E. 4th street	248 East 4th st
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Dublin NC
City, State and Zip (Required)	City, State and Zip (Required)
4/5/18 Date	28332 4/5/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RENEE PRIEST GARRELL
52 ARMFIELD ST
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] *Witnesses'*

4-4-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) PO. BOX 496 DUBLIN NC 28332	Street Address (Required) 248 Fox Hill
City, State and Zip (Required)	City, State and Zip (Required) Dublin NC 28332
Date 4/4/18	Date 4/4/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TARIQ MADAI REAVES
303 PECAN ST # 9E
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] nesses'

3/21/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jessica Patterson	Chastity Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 pecan St. Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18	3/21/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REBECCA B PARKER
303 PECAN ST # 3H
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] 2 of the *Witnesses'*

[redacted] 3-23-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St. Apt. 5C Bladenboro NC 28320 — Address of Assistant
X Rebecca Thompson — Signature of Assistant
3/23/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	[illegible]
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18 Date	3/23/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

_____ Notary Public

_____ Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALFONZO YOUNG
5596 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other to

[redacted]

Signature of Voter (if applicable)

5596 Lisbon Rd Clarkton
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] sses' C

[redacted] 408

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Lola Weaten	Signature (Required) Christine Young
Street Address (Required) 108 Lewis DR	Street Address (Required) 5542 Lisbon Rd
City, State and Zip (Required) Elizabethtown 4-8-2018 Date	City, State and Zip (Required) Clarkton NC [redacted] 4-8-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTOPHER SCOTT MCLAUGHLIN
91 W 8TH ST
DUBLIN, NC 28332

REP - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

91 W 8th Street Dublin NC 28332
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses'* C[redacted]

X [redacted] 04/07/18
Signature of Voter Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Christopher Adam McLaughlin	Holly Smith
Signature (Required)	Signature (Required)
91 W 8th Street	248 East 4th St
Street Address (Required)	Street Address (Required)
Dublin NC 28332 04/7/18	NC 28332 04/7/18
City, State and Zip (Required) Date	City, State and Zip (Required) Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notanal seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JODEE MORPHIES
706 CHESTNUT ST # 23
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
[redacted] ty, I request that ots for any other I am eligible to allots.)

[redacted]
Signature of Voter (if applicable)

706 chestnut St Apt. 23
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] e **Option 2** of the *Witnesses'*

[redacted] 4/9/16
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Christopher S. Mclaughlin	April Fields
Signature (Required)	Signature (Required)
911 S 4th Street	12042 HWY 211 Business
Street Address (Required)	Street Address (Required)
Dublin NC 28332 4/9/18	Bladenboro N.C 28320 4/9/18
City, State and Zip (Required) Date	City, State and Zip (Required) Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOISTINE YOUNG
5542 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other e to

[redacted]

5542 Lisbon Rd Clarkton
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-8-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Lola Weston	Signature (Required) Deanna Smith
Street Address (Required) 10 Blewis DR	Street Address (Required) 5641 Lisbon Rd
City, State and Zip (Required) Elizabethtown NC 28337 Date 4-8-18	City, State and Zip (Required) Clarkton NC 28433 Date 4-8-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FLETCHER YOUNG
5542 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Bo[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held [redacted] le to

[redacted]

5542 Lisbon Rd Clarkton
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the [redacted] of the *Witnesses'*

[redacted]

4-8-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rita Wooten 108 Lewis DR
Name of Assistant Address of Assistant

x Rita Wooten 108 Lewis DR 4-8-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rita Wooten	Fletcher Young
Signature (Required)	Signature (Required)
108 Lewis DR	5542 Lisbon Rd NC
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4-8-18	4-8-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ISABELLE SUGGS YOUNG
5596 LISBON RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

5596 Lisbon Rd Clarkton
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] Witnesses'

4-8-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) [redacted]	Signature (Required) [redacted]
Street Address (Required) 108 Lewis DR	Street Address (Required) 5542 Lisbon Rd
City, State and Zip (Required) Elizabethtown NC 28337 4-8-18 Date	City, State and Zip (Required) Clarkton NC 28433 4-8-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELIZABETH HILL
10759 S COLLEGE ST # 2F
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted] 7-6-18
Signature of Voter (if applicable) Date

10759 S College St #2F Clarkton
Address where application and ballots should be mailed

SEE ON ELECTRONIC

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

4-9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lola Wheeler	James Parnell
Signature (Required)	Signature (Required)
108 Lewis DR	10759 S College St #2G
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4-9-18 Date	4-9-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REBECCA DAVIS THOMPSON
303 PECAN ST # 5C
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

[redacted] 3/21/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jessica Paige Thompson	Chassidy B Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/21/18 Date	City, State and Zip (Required) 3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMANDA LYNN PACKER
129 MARTIN LUTHER KING JR DR # B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Catt
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18 Date	3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSEPH LLOYD NORRIS
304 VILLAGE ST # 3-B
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] e *Witnesses'*

3-21-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelley Hendrix	Jeanne R. Faulkner
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB FAULK RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DESIREE SHANTE MCKOY
303 PECAN ST # 9E
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

3/21/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

303 Pecan St. Apt 9E
Rebecca Thompson Bladenboro NC 28320
Name of Assistant Address of Assistant

X Rebecca Thompson 3/21/18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jessica Pthompson	Jhanity Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18 Date	3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TONY LEE SEVERINE
12031 NC 242 HWY S
BLADENBORO, NC 28320

UNA (REP) – BLADEN COUNTY

[redacted]

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses'* C

3-20-2018
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Kelley Hendrix	James R. Singletary
Signature (Required)	Signature (Required)
868 Tar Heel Rd.	216 WEBB FARM RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

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STATE OF _____

COUNTY OF _____

SEAL

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SHEILA L CHRISTIAN
10081 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

3-22-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Rebecca Thompson	Charles M. Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/22/18 Date	City, State and Zip (Required) 3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

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STATE OF _____

COUNTY OF _____

SEAL

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIS SHAWN SMITH
303 PECAN ST # 11C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X
Sig[redacted]

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5 C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18 Date	3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE. A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATALIE CARLENE TITTLE
9980 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election; I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Tittle
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan st Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/22/18 Date	City, State and Zip (Required) 3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUSTIN TRAVIS WARD
303 PECAN ST # 9E
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-22-19
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Patterson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RAY DEAVER
114 MIDWAY DR # 3
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

~~I am~~ applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	James R Singleton
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	716 WEBB FAULK RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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MARGIE LOUISE MCLAMB
296 BLADENBORO AIRPORT RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the witnesses must complete Option 2 of the *Witnesses'* C[redacted]he *Witnesses'*

S[redacted] 3-21-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Kelly Hendrick	James R Bennett Jr
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB FARM RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

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CHRISTY LYNN PACKER
129 MARTIN LUTHER KING JR DR # B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
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Witness #1	Witness #2
Rebecca Thompson	Charles M. Outt
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St APT 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY DILLON DAVIS
303 PECAN ST # 5C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3/21/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St Apt. 5C Bladenboro NC 28320 — Address of Assistant
x Rebecca Thompson 3/21/18 — Signature of Assistant, Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca D Thompson	Chassidy Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18 Date	3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VELMA DAVIS
334 VICTORIA DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3-31-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelly Hendrix
Signature (Required)	Signature (Required)
252 Twisted Hickory Rd	1568 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown	Tar Heel NC 28392
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337 3-31-18	4/3/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TONYA LEE MERRITT
9980 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] **n 2** of the *Witnesses'*

3-22-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Gatt
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/22/18 Date	City, State and Zip (Required) 3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SONYA RAYE WHISTLE
303 PECAN ST # 5C
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] f the *Witnesses'*

3-21-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — 303 Pecan St Apt 5C Bladenboro NC 28320
Name of Assistant — Address of Assistant

X Rebecca Thompson 3/21/18
Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca D Thompson	Jessica P Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-21-18	3-21-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public — Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILTON EDWARDS JR
303 PECAN ST # 9E
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **tion 2** of the *Witnesses'*

3/21/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — 303 Pecan St. Apt. 5C Bladenboro NC 28320
Name of Assistant — Address of Assistant

x Rebecca Thompson — 3/21/18
Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca D Thompson	Unasisly Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 pecan st. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18	3/21/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA MARIE ROUSE
303 PECAN ST # 6B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **on 2** of the *Witnesses'*

3/27/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charlie M Watts
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/27/18	3-27-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TINA CALLIHAN EASON
757 BALL PARK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] *Witnesses'*

X [redacted] 3-22-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Outt
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative; **The following people are PROHIBITED from signing the Witnesses' Certification:**
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SARAH SYKES NORRIS
304 VILLAGE ST # 3-B
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa[redacted] Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/21/2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Kelley Herolino	Signature (Required) James R Sanderlin
Street Address (Required) 1568 Tar Heel Rd.	Street Address (Required) 216 WEBB FARM RD
City, State and Zip (Required) Tar Heel NC 28392	City, State and Zip (Required) BLADENBORO NC 28320
Date 3/22/18	Date 3-22-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIRGINIA KAY EASON
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-23-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St Apt 5C Bladenboro NC 28320 — Address of Assistant
Rebecca Thompson — Signature of Assistant
3-23-18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica P Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18 Date	3/23/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MONICA ALISSA WILKES
2305 GUYTON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-26-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/26/18 Date	3/26/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDEN CARSON
2305 GUYTON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

3-26-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/26/18 Date	3/26/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASON MONTGOMERY REGISTER
303 PECAN ST # 9E
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X
Sig[redacted]

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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HAZEL C GUYTON
208 W WALNUT ST # 6D
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-26-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3/26/18 Date	City, State and Zip (Required) 3/26/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES LAWRENCE HESTER
317 L B LENNON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

05/08/2018 - PRIMARY

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the witnesses must complete the **Option 2** of the *Witnesses' Certification*)

[redacted]

3-26-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Annie Hester	Signature (Required) Harold Hester
Street Address (Required) 407 Ann St	Street Address (Required) 407 Ann St
City, State and Zip (Required) Bladenboro N.C. 28320	City, State and Zip (Required) Bladenboro N.C. 28320
Date 3-26-18	Date 3-26-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RACHEL LOUISE SESSOMS
95 SUNSET PARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

X
Signature

Name

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/27/18 Date	3/27/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY RAY BURNEY SR
303 PECAN ST # 11C
BLADENBORO, NC 28320

REP – BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

3-26-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/26/18 Date	3/26/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REGINA CAGLE TODD
85 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 04/04/18
Signature of Voter Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Charolotyn Layne Todd	Signature (Required)
Street Address (Required) 85 old Abbottsburg rd.	Street Address (Required) 85 old Abbottsburg Rd.
City, State and Zip (Required) Bladenboro, NC 28320 04/04/18 Date	City, State and Zip (Required) Bladenboro, N.C. 4/4/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY RUDOLPH MCDUFFIE
808 FLAKE RD
COUNCIL, NC 28434

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 04/15/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Dawn Bridges McDuffie	Virgil L. McDuffie
Signature (Required)	Signature (Required)
1359 Elwell Ferry Rd	1359 Elwell Ferry Rd
Street Address (Required)	Street Address (Required)
Council NC 28434	Council NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
4-15-18	4-15-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY PENNY
303 PECAN ST # 5C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/21/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St. Apt. 5C Bladenboro NC 28320 — Address of Assistant
xRebecca Thompson — Signature of Assistant
3/21/18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca D Thompson	Jessica P Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18 Date	3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHANDOLYN LAYNE TODD
85 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 04/04/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Regina Cagle-Todd	Signature (Required) [illegible]
Street Address (Required) 85 Old Abbottsburg Rd.	Street Address (Required) 850 Old Abbottsburg Rd.
City, State and Zip (Required) Bladenboro, NC 28320 Date 4/04/18	City, State and Zip (Required) Bladenboro, NC 28320 Date 4/4/2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SUZANNE MARIE HICKMAN
304 VILLAGE ST # 3C
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-25-18 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/25/18 Date	3/25/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMANTHA L HAMMOND
604 WEBB FAULK RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

[redacted]

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/28/18 Date	3/28/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANE CHARLESTON TODD
85 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/4/2018 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Olivia Cagle Todd	Signature (Required) Chanelolyn Layne Todd
Street Address (Required) 85 Old Abbottsburg Road	Street Address (Required) 85 old Abbottsburg road
City, State and Zip (Required) Bladenboro, NC 28320 Date 4/04/18	City, State and Zip (Required) Bladenboro, NC 28320 Date 04/04/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DURRYL DUFORD DEAVER
345 BERRY LEWIS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*

X [redacted] 4-5-18
Sig Date

Na

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jessica Thompson	Chassidy Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 pecan st. Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/5/18	4-5-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VICTORIA GAIL EDWARDS
401 ANNE ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3/21/18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): Adam Hester	Signature (Required): Linda Treasa Yland
Street Address (Required): 401 Anne St	Street Address (Required): 401 Anne St
City, State and Zip (Required): Bladenboro NC 28320	City, State and Zip (Required): Bladenboro NC 28320
Date: 3/21/18	Date: 3/21/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANDY TIMOTHY BURNEY
631 HICKMAN RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Signature (Required)	Signature (Required)
910 Butters Cemetery Rd.	104 Pecan St. Apt 3C
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3-26-18 Date	City, State and Zip (Required) 3-26-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBBY LEE PAIT
10456 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 03/29/18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Duttow	Charles Duttow
Signature (Required)	Signature (Required)
219 Hemlock Dr.	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-29-18 Date	3-29-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANDY LEE SHAW
2852 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

Board [redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a no[redacted]*itnesses' Cert*

X Signa[redacted] 4-2-18

Name[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Brenda Lee Ward	Signature (Required) Jeny Kutchward
Street Address (Required) 2852 Twisted Hickory Rd	Street Address (Required) 2852 Twisted Hickory Rd
City, State and Zip (Required) Elizabethtown NC 28337 4-2-18 Date	City, State and Zip (Required) Elizabethtown NC 28337 Date 4-2-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TAMMY MARIE EVERS
190 MAIN ST
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

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In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 4-3-2018
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelley Hendrix	Sandy Lee Shaw
Signature (Required)	Signature (Required)
5168 Tar Heel Rd.	3858 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4/3/18 Date	NC 28337 4-3-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PENNY LUANN SAHLI
315 MIDWAY DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] plete **Option 2** of the *Witnesses'*

03-24-18
Date

_____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
210 Pine Ridge Cir	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-24-18 Date	3-24-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CARSON E MCCABE II
349 GASTON DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 03/31/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Samantha Marcum	Holly Sue
Signature (Required)	Signature (Required)
349 Gaston Dr.	248 East 4th St
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Dublin NC 28337
City, State and Zip (Required) 3-31-18	City, State and Zip (Required) 3-31-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BENJAMIN CRAIG BENTON
312 PINE RIDGE CIR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-29-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Signature (Required)	Donna Dunlow
210 Pine Ridge Cir	219 Hemlock Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 3-29-18	City, State and Zip (Required) 3-29-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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KELLY M DEAVER
345 BERRY LEWIS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-5-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

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(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Jessica Thompson	Chassidy Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 Pecan St. Apt 5E
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/5/18 Date	4/5/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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FREIDA GILLESPIE BELLAMY
1622 BUTLER MILL RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 03/22/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Lindsey Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 pecan st. Apt.5C	303 Pecan ST Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18 Date	3/22/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL SHANNON EASON
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-1-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
903 Pecan St Apt. SC	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-1-18 Date	4/1/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that acility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political arty or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARCELLUS RONQUELL MCLAUCHLIN
210 E 4TH ST # 4
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] of the *Witnesses'*

04-04-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) April Fields
Street Address (Required) 248 East 4th St	Street Address (Required) 1242 Hwy 211 Bus.
City, State and Zip (Required) Dublin NC 2833	City, State and Zip (Required) Bladenboro N.C. 28320
Date 4/4/18	Date 4/4/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JENNIFER LYNN BABSON
214 ELIZABETHTOWN RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3.21.18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Sheila Ann Kaplan
Street Address (Required) 210 Pine Ridge Cir	Street Address (Required) 1172 Brushy Fork Rd.
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 3-21-18	Date 3/21/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY W LESSANE
52 POMPIE RD
ELIZABETHTOWN, NC 28337

REP - - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

P.O. Box 64 Dublin NC 28332
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Tina Harvey McKay
Signature (Required)	Signature (Required)
163 Twisted Hickory Rd	6209 Hwy 41 W
Street Address (Required)	Street Address (Required)
Elizabethtown	Elizabeth NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337 4-3-18	4-3-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANKIE MARIE DAVIS
131 BLADENBORO AIRPORT RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X [redacted]
Signature of Voter (Required) Date 3/22/18

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Freida Bellamy	Katonia Davis
Signature (Required)	Signature (Required)
1622 Butler Mill Rd	131 Bladenboro Airport Rd
Street Address (Required)	Street Address (Required)
Bladenboro, N.C.	Bladenboro NC
City, State and Zip (Required) N.C. 28320 Date 3/22/18	City, State and Zip (Required) NC 28320 Date 3/22/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WANDA MCLEAN MCDUFFIE
808 FLAKE RD
COUNCIL, NC 28434

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] ligible to

[redacted]

808 Flake Rd. Council, NC 28434
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-15-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Daye Pridgen McDuffie	Virginia Lane McDuffie
Signature (Required)	Signature (Required)
1359 Elwell Ferry Rd	1359 Elwell Ferry Rd.
Street Address (Required)	Street Address (Required)
Council, N.C. 28434	Council, N.C. 28434
City, State and Zip (Required) 4-15-18 Date	City, State and Zip (Required) 4-15-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LYDIA MARIE MORPHIES
18137 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]

18137 HWY 131 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses' Certification*

X [redacted] 04/08/18
Signature of Voter Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Samantha Marie Morphies	Christopher S. McLaughlin
Signature (Required)	Signature (Required)
Samantha Marie Morphies	Christopher S. McLaughlin
Street Address (Required)	Street Address (Required)
3619 Gaston Dr.	91 W 8th Street
City, State and Zip (Required)	City, State and Zip (Required)
Bladenboro, NC 28320 4/8/18	Dolphin NC 28332 4/8/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PATRICIA L STEPHENS
1526 VAUSE RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

[redacted]

1526 Vause Rd Clarkton
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 4-10-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Lola Weeton	Signature (Required) Amelia Lyn
Street Address (Required) 108 Lewis DR	Street Address (Required) 148 Lewis DR
City, State and Zip (Required) Elizabethtown 4-10-18 Date	City, State and Zip (Required) Elizabethtown NC 28337 4-10-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL JAMES BAXLEY JR
12803 NC 211 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3/30/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Lutlow	
Signature (Required)	Signature (Required)
219 Hemlock Dr	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-30-18	03/30/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARCUS CHRISTOPHER MORETZ
210 PINE RIDGE CIR # 21
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a r[redacted] **2** of the *Witnesses' Ce*

X [redacted] 03/30/18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[signature]	[signature]
Signature (Required)	Signature (Required)
46 Putters Cemetery Rd.	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18 Date	3-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHERRI NICOLE HESTER
46 BUTTERS CEMETERY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **tion 2** of the *Witnesses'*

3/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
210 Pine Ridge Cir	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	BLADENBORO, NC 28320
City, State and Zip (Required) 3-30-18 Date	City, State and Zip (Required) 3-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLIFTON VERNON THOMPSON
3238 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/3/18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelly Hendrix
Signature (Required)	Signature (Required)
2452 Twisted Hickory Rd	1568 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown	Tar Heel NC 28392
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337 4-3-18	4/3/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARVIN LEE MCKOY
317 CENTER RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted]

4-2-18
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Gerry Revere
Signature (Required)	Signature (Required)
253 Twisted Hickory Rd	52 Pompie Rd
Street Address (Required)	Street Address (Required)
Elizabethtown	Elizabethtown
City, State and Zip (Required) NC 28337	City, State and Zip (Required) NC 28337
4-3-18 Date	4-3-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

IVY JOE TAYLOR
855 HICKORY GROVE BALLPARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3/30/18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelley Herdino	Sandy Lee Shaw
Signature (Required)	Signature (Required)
1368 Tar Heel Rd.	2853 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Elizabethtown
City, State and Zip (Required) 3/30/18 Date	City, State and Zip (Required) NC 28337 3-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRENDA LEE WARD
2852 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-2-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Sandy Lee Ward	Signature (Required) Jay Ward
Street Address (Required) 2852 Twisted Hickory Rd	Street Address (Required) 2852 Twisted Hickory Rd
City, State and Zip (Required) Elizabethtown NC 28337 Date 4-2-18	City, State and Zip (Required) Elizabethtown NC 28337 Date 4-2-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JASON ALEXANDER KELLIHAN
303 PECAN ST # 5C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] he *Witnesses'*

3/21/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Rebecca Thompson — Name of Assistant
303 Pecan St. Apt. 5C — Address of Assistant
Bladenboro NC 28320
X Rebecca Thompson — Signature of Assistant
3-21-18 — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca D Thompson	Chasidy B Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18 Date	3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIM M SPURLING
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3-21-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	Jasmine R. Songfilday
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB FAULK RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOUGLAS WAYNE ADAMS
9365 NC 242 HWY S
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted]

3-23-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/23/18 Date	3/23/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RAY MONTGOMERY
62 MONTGOMERY RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X _____
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Janice Montgomery 62 Montgomery Road
Name of Assistant Address of Assistant

X Janice Montgomery 4-7-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Dennis Vinson Jr Signature (Required)	Arlise Mowee Signature (Required)
62 Montgomery Road Street Address (Required)	451 McKay Rd Street Address (Required)
Clarkton N.C 28433 City, State and Zip (Required)	Clarkton NC 28433 City, State and Zip (Required)
4-7-18 Date	4-7-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEWANDA MELVIN
1105 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] of the *Witnesses' Cer*

X [redacted] 4/12/18
Sign Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wanda Grimes	Courtney Grimes
Signature (Required)	Signature (Required)
P.O Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown N.C 28337	Elizabethtown NC. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-12-2018	
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JESSICA KAREN DOWLESS
2766 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

4-4-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	James R Shaw
Signature (Required)	Signature (Required)
2852 Twisted Hickory Rd	1216 WEBB FAULK RD
Street Address (Required)	Street Address (Required)
Elizabethtown	BLADENBORO NC 28320
City, State and Zip (Required) NC 28337	City, State and Zip (Required)
4-4-18 Date	4-4-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY ANN MELVIN
1105 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **n 2** of the *Witnesses'*

4-12-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Wanda Grimes	Courtney Grimes
Signature (Required)	Signature (Required)
P.O.Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-12-2018	4-12-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARRY WADE HESTER
401 ANNE ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/3/18 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Luke F Hester	Victoria Edwards
Signature (Required)	Signature (Required)
401 Anne St	401 Anne St
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC
City, State and Zip (Required) 4/3/18 Date	City, State and Zip (Required) 28320 4/3/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PATRICIA LYNN HESTER
46 BUTTERS CEMETERY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

4-13-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sherri N. Hester	Donna Outlaw
Signature (Required)	Signature (Required)
46 Butters Cemetery RD	219 Hemlock Drive
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-13-18 Date	4-13-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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TERA MONIQUE MELVIN
1105 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-12-18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Wanda Grimes	Courtney Grimes
Signature (Required)	Signature (Required)
P.O. Box 2734	P.O. Box 2734
Street Address (Required)	Street Address (Required)
Elizabethtown, N.C. 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
4-12-2018	4-12-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTY CHESHIRE STORMS
7242 NC 211 HWY W
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible

[redacted]

P.O. BOX 1014
Address where application and ballots should be mailed
7242 Hwy 211 West
Bladenboro, NC 28320

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] *Witnesses'*

X [redacted] 4/11/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Imya Ling 606 North Main St
Name of Assistant Address of Assistant Bladenboro NC 28320

X Imya Ling 4-11-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Imya Ling	[redacted]
Signature (Required)	Signature (Required)
606 North Main St	9133 NC Hwy 242-S
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-11-18	4-11-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROGER LANE STORMS
7242 NC 211 HWY W
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

7242 Hwy 211 East
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/11/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Jonya Long 600 North Main St Bladenboro NC 28320
Name of Assistant Address of Assistant

X Jonya Long
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jonya Long	Sherry Long
Signature (Required)	Signature (Required)
600 North Main St	9933 NC Hwy 242 South
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-11-18	4-11-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SCOTT LONG
40 LONG'S RD
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witn[redacted]on 1 of the *Witnesses' Certification*)

OR

☐ a n[redacted]omplete **Option 2** of the *Witnesses' Cer*

X [redacted] 4-12-18
Signa Date

Nam[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
248 East 4th St	248 E 4th St
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Dublin, NC
City, State and Zip (Required)	City, State and Zip (Required)
Date	4/12/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SATORIA LA NESE REGANS
1873 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not [redacted] absentee ballot (the *Witnesses' Certification*)

☐ [redacted] **on 2** of the *Witnesses'*

4-18-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing as[redacted]ardian is unavailable to as[redacted]

4-10-18
Date

E v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Samantha Mann	Randy Dean
Signature (Required)	Signature (Required)
349 Gaston Dr.	12006 NC. Hwy 211
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro N.C 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-10-18	4-10-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KELLY MARIE PAIT
10456 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses' C*

X [redacted] 3-29-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Outlaw	Charles Outlaw
Signature (Required)	Signature (Required)
219 Hemlock Dr.	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-29-18	3-29-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

The following people are PROHIBITED from signing the Witnesses' Certification:

BOBBIE JEAN EDWARDS
104 PECAN ST # 3C
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-23-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Donna Outlaw	Signature (Required) Marcus Mouth
Street Address (Required) 219 Hemlock Drive	Street Address (Required) 210 PINE RIDGE CIR
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) BLADENBORO, NC 28320
Date 3-23-18	Date 03/23/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA MARIE MORETZ
210 PINE RIDGE CIR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] the *Witnesses'*

3-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sherri Hester	
Signature (Required)	Signature (Required)
46 Butters Cemetery Rd.	210 PINE RIDGE CIR
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18	03/30/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA COLMAN OUTLAW
219 HEMLOCK DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3-22-18
Sign Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
210 Pine Ridge Dr	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-22-18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA ANN KINLAW
512 PINE RIDGE CIR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

3-29-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Bobbie Edwards	
Signature (Required)	Signature (Required)
104 Pecan Street Apt 3C	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-29-18	3-29-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRENDA FAYE OUTLAW
132 BELLAMY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

3/27/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Outlaw	
Signature (Required)	Signature (Required)
219 Hemlock Dr.	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-27-18	3-27-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

The following people are PROHIBITED from signing the Witnesses' Certification:

TERESA SINGLETARY HYATT
415 BERRY LEWIS RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **on 2** of the *Witnesses'*

3/26/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Sherrith Hyatt
210 Pine Ridge Cir	46 Butlers Cemetery Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-26-18	3-26-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that. on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA FREEMAN HESTER
401 ANNE ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the [redacted] the *Witnesses'*

X [redacted] 3/21/18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Victoria Edwards	Cham Hester
Signature (Required)	Signature (Required)
401 Anne St	401 Anne St
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro NC
City, State and Zip (Required) 28320	City, State and Zip (Required) 28320
3/21/18 Date	3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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MATTHEW BLAKE HESTER
401 ANNE ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/21/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
401 Anne St	401 Anne St
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro NC
City, State and Zip (Required) 28320	City, State and Zip (Required) 28320
Date 3/21/18	Date 3/21/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSHUA EDWIN RIMES
590 HICKORY GROVE BALLPARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-3-18
Signature Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	[illegible]
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	2859 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4/3/18	NC 28337 4-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MILDRED ELIZABETH MERRITT
802 PINE RIDGE CIR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/28/18
Signature of Voter (Required) Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Outlaw	
Signature (Required)	Signature (Required)
219 Hemlock Drive	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-28-18	3-28-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VERN DAVID CHRISTIAN
2791 GRIMSLEY FARM RD # 1C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3/29/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Peggy Kelly	Donna Outlaw
Signature (Required)	Signature (Required)
2791-Grimsley Farm Rd	219 Hemlock Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro NC 28320
City, State and Zip (Required) 3/29/18 Date	City, State and Zip (Required) 3-29-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN D BULLARD
128 J A CARROLL RD
BLADENBORO, NC 28320

REP -- BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] of the *Witnesses' C*

X [redacted] 4-10-18
Signature Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Sheri Williams
Signature (Required)	Signature (Required)
303 Pleasant Plain Rd	1320 Murray Haywood Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Evergreen NC 28348
City, State and Zip (Required)	City, State and Zip (Required)
4-10-18	4-10-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANTHONY RANDOLPH ROBINSON
23 STONEWALL DR
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] plete **Option 2** of the *Witnesses'*

[redacted] 4-10-18
Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Sheri Williams
Signature (Required)	Signature (Required)
203 Faconst Apt 5C	1320 Murray Haywood Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Evergreen NC 28348
City, State and Zip (Required)	City, State and Zip (Required)
4-10-18	4-10-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JODY BARTLESON
243 ARMFIELD ST
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/10/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Shari Williams
Signature (Required)	Signature (Required)
305 Vegan St. Apt EC	1329 Murray Haywood Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Evergreen NC 28438
City, State and Zip (Required)	City, State and Zip (Required)
4-10-18	4-10-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HOPE M BULLARD
128 J A CARROLL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] the *Witnesses'*

4-10-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Sheri Williams
Signature (Required)	Signature (Required)
323 Dicanon Hgts Sc	1320 Murray Haywood Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Evergreen NC 28348
City, State and Zip (Required)	City, State and Zip (Required)
4-10-18	4-10-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MACKENZIE EDGE ROBINSON
23 STONEWALL DR
DUBLIN, NC 28332

UNA (REP) BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] 2 of the *Witnesses' Ce*

X [redacted] 4-10-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Sheri Williams
Signature (Required)	Signature (Required)
303 Fearon Hgts. SC	1320 Murray Haywood Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Evergreen NC 28348
City, State and Zip (Required)	City, State and Zip (Required)
4-10-18 Date	4-10-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRL WELDON
10759 S COLLEGE ST # 1A
CLARKTON, NC 28433

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
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Shirl Weldon
Signature of Voter (if applicable)

10759 S. college St. Apt. 1A
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

4-9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Lela Watts	Signature (Required) Gloria Demery
Street Address (Required) Elizabethtown NC 28337	Street Address (Required) 10759 S College AA 1F
City, State and Zip (Required) 4-9-18 Date	City, State and Zip (Required) Clarkton NC 28433 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ARAM COREY HESTER
401 ANNE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/3/18 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assist[redacted]ve or legal guardian is unavailable to assist

[redacted] 401 Anne St Bladenboro NC
Address of Assistant

[redacted] 4/3/18 Date
Signature of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Victoria Edwards
Signature (Required)	Signature (Required)
401 Anne St	Victoria Edwards
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	401 Anne St Bladenboro
City, State and Zip (Required) 4/3/18 Date	City, State and Zip (Required) NC 28320 4/3/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHARON KNEPPER EZZELL
326 WILLOUGHBY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]llots.)

[redacted]
Signature of Voter (if applicable)

PO Box 1099 Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 04-08-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Stephanie Knepper	Christopher McLaughlin
Signature (Required)	Signature (Required)
[redacted]	[redacted]
Street Address (Required)	Street Address (Required)
290 Willoughby RD	91 W 8th St
City, State and Zip (Required)	City, State and Zip (Required)
Bladenboro NC 28320 04/08/18	Dublin NC 28332 04/08/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THELMA JEAN ROBESON
196 CAPE OWEN MANOR RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-6-18

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna Outlaw	[signature]
Signature (Required)	Signature (Required)
219 Hemlock Dr.	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-6-18	4-6-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

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TOM DWAYNE WRIGHT
53 BAXLEY AND WRIGHT LN
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
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☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-3-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Signature (Required)	Signature (Required)
210 Pine Ridge Cir	1744 BERRY LEWIS RD
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-3-18 Date	4/3/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY DAWN TURNER
566 WEBB FAULK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-3-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Donna Dutton
210 Pine Ridge Cir	219 Hemlock Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-3-18 Date	4-3-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LORENZO TYRONE DREW
210 E 4TH ST
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

N[redacted]tant

[redacted] 4/10/18 Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	[redacted]
Signature (Required)	Signature (Required)
210 East 4th St. Apt 4	248 East 4th St
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Dublin NC
City, State and Zip (Required)	City, State and Zip (Required) 28332
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PEGGY SPELL KELLY
2791 GRIMSLEY FARM RD # 4D
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a r[redacted]**tion 2** of the *Witnesses' Ce*

X _____ 3/29/18
Sig[redacted] Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
2791 Grimsley Farm Rd.	29 Hemlock Dr.
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/29/18 Date	3-29-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THURMAN DWAYNE PACKER
129 MARTIN LUTHER KING JR DR # B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a r[redacted] 2 of the *Witnesses' Ce*

X [redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charley M. Catt
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18 Date	3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARGARET LOUISE MURACA
747 HICKORY GROVE BALLPARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelley Hendrix	Sandy Lee Shaw
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	2852 Twisted Hickory Ln
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18	NC 28337
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERRY AUNDRA DAVIS
157 BLADENBORO AIRPORT RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4/5/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Chassidy Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required) 4/5/18 Date	City, State and Zip (Required) 4/5/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DELTON EUGENE ARD JR
802 PINE RIDGE CIR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (You must complete the *Witnesses' Certification*)

[redacted] 3/29/18

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Bobbie Edwards	
Signature (Required)	Signature (Required)
104 Pecan Street Apt 3C	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-29-18	3-29-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA BRYANT MABE
264 E 4TH ST
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a r[redacted]tion 2 of the *Witnesses' Ce*

X [redacted] 4-12-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
248 East 4th St	248 E 4th Street
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Dublin NC 28332
City, State and Zip (Required)	City, State and Zip (Required)
4/12/18 Date	4/12/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNA ELISE DZIWANOWSKI
401 ANNE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

_____
Signature of Voter (if applicable)

_____
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3/21/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Linda Freeman Hosta	Wetona Edwards
Signature (Required)	Signature (Required)
401 Anne Street	401 Anne Street
Street Address (Required)	Street Address (Required)
Bladenboro, NC	Bladenboro, NC
City, State and Zip (Required) 28320	City, State and Zip (Required) 28320
3/21/18 Date	3/21/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES WILLIS BETHEA
641 SMITH CIR # 24
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 4/11/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

	Witness #1	Witness #2
Signature (Required)	Jreef Smith	April Fields
Street Address (Required)	208 TL St	April Fields
City, State and Zip (Required)	Dublin NC 28332	12642 Hwy 211 Business
Date	4/11/18	Bladenboro N.C 28320 4-11-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEE HARVEY MCKOY
6709 NC 41 HWY W
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-3-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Dandy Lee Shaw	Signature (Required) Gwen Broome
Street Address (Required) 3857 Twisted Hickory Rd	Street Address (Required) 52 Pompe Rd
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 4-3-18	Date 4-3-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BARBIE GUYTON SILVAS
303 PECAN ST # 8C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

☑ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] igible to

303 Pecan ST. Apt 8C
Address where application and ballots should be mailed
Bladenboro, NC.

Voter's Certification (Required)
I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] *Witnesses'*

Bo [redacted] 3-23-18
Do te

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Donna C. Dutton	Jason C Dutton
Signature (Required)	Signature (Required)
219 Hemlock Dr.	219 Hemlock Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-23-18	3-23-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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JACK THOMAS THOMPSON JR
303 PECAN ST # 9E
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] *Witnesses'*

3-21-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

303 Pecan St. Apt. 5C
Rebecca Thompson Bladenboro NC 28320
Name of Assistant Address of Assistant

Rebecca Thompson 3/21/18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Jessica P Thompson	Chassidy Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18	3/21/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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COUNTY OF _____ SEAL

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KIMBERLY SUE ROBINSON
303 PECAN ST # 6B
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a [redacted] *Witnesses'*

X 3-27-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required) 303 Pecan St #6B	Street Address (Required) 303 Pecan St APT 5C
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 3/27/18	Date 3-27-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

NO NUMBER AVAILABLE

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GENE COLEMAN HESTER
4063 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

UNA (REP) - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required) Date	City, State and Zip (Required) Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROCHELLE WILLIS
854 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

[redacted]

Board Approval Date _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **Option 2** of the *Witnesses' C*

X [redacted] 5-3-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rolie Willis	[illegible]
Signature (Required)	Signature (Required)
843 Clyde Rd	123 Charles DR
Street Address (Required)	Street Address (Required)
Council NC 28434	Council, NC 28434
City, State and Zip (Required)	City, State and Zip (Required)
5/3/18 Date	5/3/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAVID KYLE HANCOCK
648 PAUL BRISSON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ible ballots.)

[redacted]
Signature of Voter (if applicable)

648 Paul Brisson Rd
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

X [redacted] 4/3/18
Si Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelly Hendrick
Signature (Required)	Signature (Required)
3852 Mistletoe Hickory Rd	1568 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabeth Town	Tar Heel NC 28392
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337 4-3-18	4/3/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Applicat[illegible]ncate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ADAM DELANE THOMPSON
2751 NC 410 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] e eligible ballots.)

2751 Hwy 410 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] ete **Option 2** of the *Witnesses'*

X [redacted] 4-1-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Melissa Parker	Sandy Lee Shaw
Signature (Required)	Signature (Required)
2751 HWY 410	3858 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4-1-18 Date	NC 28337 4-1-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENNIS EARL HALL
6131 NC 211 HWY W
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

Signature of Voter (if applicable)

6131 N.C. Hwy. 211
Address where application and ballots should be mailed

BLADENBORO N.C.

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/3/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelly Hendrix
Signature (Required)	Signature (Required)
2952 Twisted Hickory Rd	1568 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown	Tar Heel NC 28392
City, State and Zip (Required) 4-3-18	City, State and Zip (Required) 4/3/18
NC 28337 Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LESLIE A SHAW
131 BUTTERS LOOP RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Mailed JA Carroll Rd.
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **Option 2** of the *Witnesses'*

4-1-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
1162 JA Carroll rd	2852 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
2832P	NC 28337
4-1-18 Date	4-1-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MELISSA ANN PARKER
2751 NC 410 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] allots.)

[redacted]

2751 Hwy 410 Bladenboro NC
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required) Sandra Lee Shaw
Street Address (Required) 2751 Hwy 410	Street Address (Required) 2653 Twisted Hickory Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Elizabethtown NC 28337
Date 4-3-18	Date 4-3-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 ____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUSTIN ARKELE HALL
6131 NC 211 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

[redacted]
Signature of Voter (if applicable)

6131 NC 211 west
Address where application and ballots should be mailed

Bladenboro

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/3/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelly Hendrix
Signature (Required)	Signature (Required)
2852 Twisted Hickory Rd	1568 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown	Tar Heel NC 28392
City, State and Zip (Required) NC 28337	City, State and Zip (Required)
4-3-18 Date	4/3/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES WESLEY SKINNER
3221 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

3221 Twisted Hickory Rd
Address where application and ballots should be mailed

Elizabethtown. NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelly Hendrix
Signature (Required)	Signature (Required)
3252 Twisted Hickory Rd	1568 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown	Tar Heel NC 28392
City, State and Zip (Required) NC 28337	City, State and Zip (Required)
4-3-18 Date	4/3/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALICE F LESSANE
52 POMPIE RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eligible ballots.)

[redacted]
Signature of Voter (if applicable)

P.O. BOX 64. Dublin NC 28332
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' C*[redacted]

X [redacted] 4-3-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Gary Lessane
Signature (Required)	Signature (Required)
252 Twisted Hickory Rd	52 Pompie Rd
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337 4-3-18	NC 28337 4-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LORETTA E DICICCO
901 VILLAGE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

PO Box 919 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-3-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Sandy Lee Shaw
4455 Old Abbottsburg rd	2159 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4/3/18 Date	NC 28337 4-3-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANNON G KINLAW
1162 J A CARROLL RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

[redacted]
Signature of Voter (if applicable)

1162 J.A. Carroll rd. Bladenboro NC, 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] **tion 2** of the *Witnesses'*

[redacted] 4-1-18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Leslie Shaw	Sandy Lee Shaw
Signature (Required)	Signature (Required)
1162 JA Carroll Rd	2353 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4-1-18 Date	NC 28337 4-1-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____
COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY P MARTIN
2799 PURDIE CHURCH RD
TAR HEEL, NC 28392

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]

Signature of Voter (if applicable)

2799 Purdie Church road
Address where application and ballots should be mailed

Tar Heel, N.C. 28392

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] **n 2** of the *Witnesses'* C[redacted]

X [redacted] 4-3-18
Signature of Voter Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelly Hendrix
Signature (Required)	Signature (Required)
255 Twisted Hickory Rd	1508 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown	Tar Heel NC 28392
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337 4-3-18	4/3/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH ANN HUCHINGSON
7365 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boar

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

7365 Hwy 131
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

[redacted] 4-3-18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Sandy Lee Shaw	Kelly Hendrix
Signature (Required)	Signature (Required)
2852 Twisted Hickory Rd	1568 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
Elizabethtown	Tar Heel NC 28392
City, State and Zip (Required) 4.3.18	City, State and Zip (Required) 4/3/18
NC 28337 Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA IRENE BORDEAUX
1835 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] llots.)

Signature of Voter (if applicable)

1835 CENTER RD, BLADENBORO
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/1/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
1835 CENTER RD	7853 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4-1-18 Date	NC 28337 4-1-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEVE YATES BORDEAUX
1835 CENTER RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
[redacted] st that other ble to

Signature of Voter (if applicable)

1835 CENTER RD, BLADENBORO
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the [redacted] *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4-3-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Linda Bordeaux	Sandy Lee Shaw
Signature (Required)	Signature (Required)
1835 CENTER RD	21529 Twisted Hickory
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4/3/18	NC 28337 4-3-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY LEE DEAVER
12006 NC 211 HWY W
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boa[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]ive eligible ballots.)

[redacted] 3-29-18
Signature of Voter (if applicable) Date

12006 Hwy 211 Business Bladenboro 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-29-18
Signature (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Christopher S. Mclaughlin	April Fields
Signature (Required)	Signature (Required)
91 W 8th St	12043 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/29/18	3-29-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WYATT JOSEPH HESTER
55 HOLLY BRITT CT
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] gible ballots.)

[redacted]
Signature of Voter (if applicable)

55 Holly Britt CT Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-29-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/29/18	3-29-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KENDREA FLETCHER
303 PECAN ST # 5C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to allots.)

Signature of Voter (if applicable)

303 Pecan St Apt 5C Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

[redacted] **tion 2** of the *Witnesses'*

3/29/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JESSE LEROY CALDER
303 PECAN ST # 5C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to [redacted].)

[redacted]
Signature of Voter (if applicable)

303 Pecan St Apt 5C Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] f the *Witnesses'*

3-29-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Otte
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St APT 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-29-18	3-29-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHERI LEE WILLIAMS
1320 MURRAY HAYWOOD RD
EVERGREEN, NC 28438

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] am eligible to ots.)

[redacted]
Signature of Voter (if applicable)

1320 Murray Haywood Rd Evergreen NC 28438
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **2** of the *Witnesses'*

4-10-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Christy Packer
Signature (Required)	Signature (Required)
303 Pecan Apt 5C	129 MLK Jr Dr
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/10/18 Date	4-10-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EULA M PACKER
200 VILLAGE ST # 11D
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Boar[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certi*[redacted] 3-21-18

X [redacted]
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charlie M. Outt
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/18 Date	3-21-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL DYWAYNE WIX JR
155 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

155 Old Abbottsburg Rd Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 3/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Watt
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18 Date	3-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SUMMER NICOLE MCPHERSON
155 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] esses'

3/30/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Catt
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18 Date	3-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANGELA MARIE WIX
155 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] ar in which I am eligible to eligible ballots.)

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the [redacted] *sses' Certification*)

☐ [redacted] 2 of the *Witnesses'*

9/30/18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
303 pecan st Apt. 5C	303 Pecan st Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
8/30/18	3-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEAN PATRICK RUSS
813 VILLAGE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this a[redacted]her electi[redacted]e to partici[redacted]

Signatu[redacted] (if applicable)

813 Village ST Bladenboro NC. 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the [redacted]' Certification)

☐ [redacted] the *Witnesses'*

3-29-18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/28/18 Date	3/29/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LATOYA SHANT'E ADAMS
11436 NC 242 HWY S
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

oard Approval Date _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other ele[redacted] eligible to pa[redacted]

_____
ignature of Voter (if applicable)

11436 NC Hwy 242 S Bladenboro NC 28320
ddress where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **on 2** of the *Witnesses'*

[redacted] 03/29/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/29/18 Date	3/29/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACK ROBERT MCPHERSON
155 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that [redacted] for any other am eligible to ots.)

Signature of Voter (if applicable)

[redacted] Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the *esses' Certification*)

[redacted]

2 of the *Witnesses'*

5/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Outlaw
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St. Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18	3-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMANDA JANE HERSEY
303 PECAN ST # 5C
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted] 20

Board Approval Date _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other election in which I am eligible to vote.

[redacted]

Signature of Voter (if applicable)

303 Pecan St Apt 5C Bladenboro NC 28320

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

X ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **tion 2** of the *Witnesses'*

3/29/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Cate
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/29/18 Date	3-29-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EBBIE TATUM EDWARDS
7 SHAW ST
LADENBORO, NC 28320

EP - BLADEN COUNTY

[redacted]

cond Primary Request or Runoff Request
he event that a Second Primary (or Runoff Election) is called, quest that an absentee application and ballot be issued to me l mailed to me. (Check the box to receive eligible ballots.)

nual Request for Illness/Disability
e to continued or expected illness or disability, I request that application be a request for absentee ballots for any other

[redacted]

ature of Voter (if applicable)

7 Shaw St. Bladenboro NC 28320
ess where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] nesses' 3/29/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles McArthur
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/29/18 Date	3-29-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public | Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY FAYE BROWN
428 S ASHE ST
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

B[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

428 S. Ashe St Apt. 2
Address where application and ballots should be mailed
Bladenboro N.C.

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the [redacted] *Witnesses' Certification*)

☐ a [redacted] 2 of the *Witnesses'*

3-30-18
Date

[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18 Date	3/30/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____ SEAL

COUNTY OF _____

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRY WAYNE DOVE
453 GABE JOHNSON DR
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Boa

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] ble to

[redacted]

453 Gabe Johnson DR
Address where application and ballots should be mailed
Elizabethtown, NC
28337

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] 2 of the *Witnesses'*

4-5-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Connie Hooker Dove	Jessica Thompson
Signature (Required)	Signature (Required)
453 Gabe Johnson Dr.	303 Pecan St Apt E
Street Address (Required)	Street Address (Required)
Elizabethtown NC	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
28337 4/5/18	4/5/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRISTOPHER SCOTT INMAN
7365 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that th[redacted]y other el[redacted]gible to pa[redacted]

_____
Signature of Voter (if applicable)

7365 Hwy 131
Address where application and ballots should be mailed

Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a nota[redacted] **2** of the *Witnesses' Certifi*

X _____ 4-6-18
Signatu[redacted] Date

_____
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jessica Thompson	Whitney Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 9E	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/6/18	4/6/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL MAURICE RUSS
1702 NC 211 HWY W
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted]gible ballots.)

[redacted] PO 484
Clarkton NC zip 28433
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted]

Signature of Voter (Required) Date 4/6/2018

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 5E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/6/18 Date	4/6/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONNIE DOWLESS DOVE
453 GABE JOHNSON DR
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

453 Gabe Johnson Dr
Address where application and ballots should be mailed
Elizabethtown, NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] nesses'

[redacted] 4/5/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jerry W. Dove	Jessica Thornton
Signature (Required)	Signature (Required)
453 Gabe Johnson Dr.	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Elizabethtown, NC	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
28337 4/5/18	4/5/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL J HORNE
428 S ASHE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted]

Signature of Voter (if applicable)

6815 HWY 242 S. BLADENBORO NC
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

3-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X Signature of Assistant | Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18 Date	3/30/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public | Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PATRICIA ANN BELL
70 FREDRICK BRITT RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

Fredrick Britt Rd. Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-30-18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M. Catt
Signature (Required)	Signature (Required)
303 Pecan St. Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18 Date	3-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL W COLEMAN JR
310 E POPLAR ST # 6
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eligible ballots.)

[redacted]
Signature of Voter (if applicable)

310 E POPLAR St.
Address where application and ballots should be mailed

Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

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OR

☐ [redacted] **tion 2** of the *Witnesses'*

4/8/18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James R Singleton	Rebecca Thompson
Signature (Required)	Signature (Required)
216 WEBB FAULK RD	303 Pecan St. Apt. 5C
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-8-18	4/8/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WAYNE R BRYAN
3076 GUYTON RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]eive eligible ballots.)

[redacted]

3076 Guyton Rd Bladenboro N.C 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Ce*[redacted]

X [redacted] 3-30-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 9E
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18 Date	3/30/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____
COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MELISSA GAIL JOHNSON
511 MARTIN LUTHER KING JR DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

MLK JR DR Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

X ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] ete **Option 2** of the *Witnesses'*

3-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Outlaw
Signature (Required)	Signature (Required)
303 Pecan St Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18	3-30-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ZACHARY JAMES STONE
15483 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a n[redacted] *Witnesses' Cert*

X [redacted] 3-29-18
Signa Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
305 Pecan St. Apt. 5C	305 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-29-18 Date	3-29-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT L GARDNER
808 BUTLER MILL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted].)

[redacted]
Signature of Voter (if applicable)

808 Butler mill Rd Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

3-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Blanca Thompson	Jessica Thompson
Signature (Required)	Signature (Required)
303 Pecan St Apt. 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18 Date	3/30/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____
COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ERIC JOSEPH HESTER
55 HOLLY BRITT CT
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]
Signature of Voter (if applicable)

55 Holly Britt Ct Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'* C[redacted]

X [redacted] 3-29-18
Signature Date

[redacted]
Name

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Catt
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/29/18	3/29/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____
COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONNIE DONETTE BULLARD
63 KELLY ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

Signature of Voter (if applicable)

63 Kelly St Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] he *Witnesses'*

3/29/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
303 Pecan St Apt 5C	303 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/29/18 Date	3/29/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUNDEL MAYNARD JOHNSON
511 MARTIN LUTHER KING JR DR
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] llots.)

[redacted]

511 MLK JR DR Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **2** of the *Witnesses'*

3/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Rebecca Thompson	Charles M Cutler
Signature (Required)	Signature (Required)
303 Pecan St. Apt. 5C	307 Pecan St Apt 5C
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/30/18 Date	3-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MELBA BRITT DOVE
4477 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

[redacted]
Signature of Voter (if applicable)

P.O. Box 662 Bladenboro N.C. 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certi*[redacted]

X [redacted] 4-1-18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
4477 Old Abbottsburg RD	4471 old ABBOTTSBURG RD.
Street Address (Required)	Street Address (Required)
Bladenboro N.C 28320	Bladenboro N.C. 28320
City, State and Zip (Required) 4-1-2018 Date	City, State and Zip (Required) 4-1-2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA BURCHETTE DOVE
4471 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Card Approval Date

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

P.O. Box 573 Bladenboro N.C. 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-6-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
4471 Old Abbottsburg Rd.	401 Village St
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-6-18	4-6-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA ANN WALTERS
550 SUNSET PARK RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] to

[redacted]
Signature of Voter (if applicable)

P.O. Box 621 Bladenboro N.C. 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the [redacted] *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4-6-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Jimmy L. Dove	Cynthia B. Dove
Signature (Required)	Signature (Required)
4471 old Abbottsburg RD	4471 old Abbottsburg Rd
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-6-18 Date	4-6-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MANDA RUBY DOVE
55 OLD ABBOTTSBURG RD
ADENBORO, NC 28320

NA (REP) - BLADEN COUNTY

[redacted]

cond Primary Request or Runoff Request
he event that a Second Primary (or Runoff Election) is called, quest that an absentee application and ballot be issued to me d mailed to me. (Check the box to receive eligible ballots.)

nual Request for Illness/Disability
e to continued or expected illness or disability, I request that [redacted] or any other n eligible to .)

[redacted]

PO Box 573 Bladenboro NC
ess where application and ballots should be mailed 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **2** of the *Witnesses'*

4/21/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
4435 Old Abbottsburg Rd.	4451 old ABBOTTSBurg RD
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required) 4-21-18 Date	City, State and Zip (Required) 4-21-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public | Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA GAYLE CORREA
4465 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Bo

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] am eligible to [redacted]ots.)

[redacted]
Signature of Voter (if applicable)

PO Box 1419 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4-21-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	[redacted]
Signature (Required)	Signature (Required)
4455 Old Abbottsburg rd.	4471 old ABBOTTSBURG RD
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-21-18 Date	4-21-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN L DOVE
4455 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] le ballots.)

[redacted]
Signature of Voter (if applicable)

4455 Old Abbottsburg Rd Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 4-21-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
4465 Old Abbottsburg Rd	4471 Old Abbottsburg Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-21-18 Date	4-21-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____ SEAL

COUNTY OF _____

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATHANIAL PAUL NUCCI
4447 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] to

P.O. Box 662 Bladenboro
Address where application and ballots should be mailed
N.C. 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] f the *Witnesses'*

4-17-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
4471 old ABBOTTSBURG RD	P.O. Box 662
Street Address (Required)	Street Address (Required)
Bladenboro N.C 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-17-18 Date	4-17-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOUIS DICICCO III
901 VILLAGE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Se[redacted]noff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that

[redacted]

PO Box 919 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] asses'

5/2/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am [illegible]e Voter's near relative or verifiable legal guardian, or I am providing [illegible]ssistance because a near relative or legal guardian is unavailable to [illegible]ssist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Loretta D. Cicco	Terry L Dove
Signature (Required)	Signature (Required)
901 Village St	4471 old Abbottsburg Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
5-2-18 Date	5-2-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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NCSBE v2018.02

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARTHA L GIBSON
47 J HILL ACRES RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] to

47 J Hill Acres Rd.
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

3-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Deborah B. Edwards	Luann E Hester
Signature (Required)	Signature (Required)
157 Luther Brisson Rd	8912 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-30-18	3.30.18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEVE DONOVAN LUDLUM
111 PECAN ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

3-31-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Mary F. Adams	Mildred Godbee
Signature (Required)	Signature (Required)
11316 Center Rd.	11408 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-31-18	3-31-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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LOUIS DICICCO III
901 VILLAGE ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Se[redacted]noff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that

[redacted]

PO Box 919 Bladenboro NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☐ [redacted]esses'

5/2/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am [redacted]e Voter's near relative or verifiable legal guardian, or I am providing [redacted]sistance because a near relative or legal guardian is unavailable to [redacted]sist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

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(Required Unless a Notary Public is the Witness)

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Witness #1	Witness #2
Loretta DiCicco	Terry R Dove
Signature (Required)	Signature (Required)
901 Village St	4471 old Abbottsburg Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
5-2-18 Date	5-2-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

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COUNTY OF _____ SEAL

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MARTHA L GIBSON
47 J HILL ACRES RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] ble to

47 J Hill Acres Rd.
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

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OR

☐ [redacted] of the *Witnesses'*

3-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

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Witness #1	Witness #2
Deborah B. Edwards	Luann E Hester
Signature (Required)	Signature (Required)
157 Luther Brisson Rd	8912 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
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STEVE DONOVAN LUDLUM
111 PECAN ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

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OR

☐ [redacted] of the *Witnesses'*

3-31-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
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Witness #1	Witness #2
Mary F. Adams	Mildred Godbee
Signature (Required)	Signature (Required)
11316 Center Rd.	11408 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-31-18	3-31-18
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COUNTY OF _____ SEAL

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SAMUEL PAUL DOWLESS
2766 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

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2766 Twisted Hickory Rd
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I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the *Witnesses' Certification*)

☐ [redacted] 2 of the *Witnesses'*

4-19-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Jessica K. Dowless
Signature (Required)	Signature (Required)
1206 W Seaboard	2766 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	E town N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY SCOTT DEWOLF
13 BETHEL CHURCH RD
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

[redacted]

P.O. Box 112
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **2** of the *Witnesses'*

4/18/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant — Address of Assistant

X
Signature of Assistant — Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula M. Wright	Debby H. Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	16776 NC Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Chadbourn NC 28431
City, State and Zip (Required)	City, State and Zip (Required)
4/17/18 Date	4/17/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDON LYNN RICH
178 BUTTERS LOOP RD
BLADENBORO, NC 28320

UNA (REP) -- BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to [redacted]gible ballots.)

178 Butters Loop Rd
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula Wright	Tonia Gordon
Signature (Required)	Signature (Required)
1206 W Seaboard St	178 Butters Loop Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/16/18	4/16/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA CARROLL BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to [redacted]eligible ballots.)

[redacted]

Box 946 Bladenboro NC
Address where application and ballots should be mailed

28326

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 4/8-18
Sig[redacted] Date

PoBox 946 Bladenboro NC 28326
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	Donna Outlaw
Signature (Required)	Signature (Required)
1206 W. Seaboard St	219 Pecan St
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28326	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18 Date	4-6-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA KAY BARFIELD
175 ARMFIELD ST
DUBLIN, NC 28332

REP - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that [redacted] ballots for any other [redacted] gible to

[redacted]

P.O. Box 281 Elizabethtown NC 28337
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

X ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the w[redacted] must complete the Option 1 of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4/19/18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula M Wright	April Fields
Signature (Required)	Signature (Required)
1206 W Seaboard St	12042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____
COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT ASHLEY LAMBERT
5401 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to [redacted] ots.)

[redacted]
Signature of Voter (if applicable)

5401 Hwy 131 Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4/18/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	April Fields
Signature (Required)	Signature (Required)
1206 W. Seaboard St	1204a Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/18/18 Date	4/18/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHERRY MARIE HILL
191 STEPHIES WAY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted] ible ballots.)

191 Stephies way Bladenboro 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] plete **Option 2** of the *Witnesses' Ce*

X [redacted] 4-19-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	April Fulton
Signature (Required)	Signature (Required)
1206 W Seaboard St	12042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL KASH MAYERS
191 STEPHIES WAY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted] ballots.)

191 Steph's way Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] ete **Option 2** of the *Witnesses'*

4-19-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	April Fields
Signature (Required)	Signature (Required)
1206 W Seaboard	8042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro N.C. 28320
City, State and Zip (Required) 4/19/18 Date	City, State and Zip (Required) 4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDON WAYNE BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted] r any other [redacted] n eligible to [redacted] .)

[redacted]

B.x 946 Bladenboro NC
Address where application and ballots should be mailed

28326

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **on 2** of the *Witnesses'*

4/8-18
Date

P.O. Box 946 Bladenboro NC 28320
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula Wright	Donna Outlaw
Signature (Required)	Signature (Required)
1206 W Seaboard St	219 Hemlock Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18 Date	4-8-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public _____ Commission Expiration Date _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATHANIAL PAUL NUCCI
4447 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] le to

P.O. Box 662 Bladenboro
Address where application and ballots should be mailed
N.C. 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] f the *Witnesses'*

4-17-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
4471 old Abbottsburg Rd	P.O. Box 621
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-17-18 Date	4-17-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL PAUL DOWLESS
2766 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]

2766 Twisted Hickory Rd
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the *Witnesses' Certification*)

☐ [redacted] 2 of the *Witnesses'*

4-19-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Jessica K. Dowless
Signature (Required)	Signature (Required)
1206 W Seaboard	2766 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Etown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL KASH MAYERS
191 STEPHIES WAY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted] ballots.)

191 Steph's way Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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OR

☐ [redacted] ete **Option 2** of the *Witnesses'*

4-19-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	April Fields
Signature (Required)	Signature (Required)
1206 W Seaboard	8042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro N.C. 28320
City, State and Zip (Required) 4/19/18 Date	City, State and Zip (Required) 4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDON WAYNE BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted] r any other [redacted] n eligible to [redacted] .)

[redacted]

B.x 946 Bladenboro NC
Address where application and ballots should be mailed

28326

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **n 2** of the *Witnesses'*

4/8-18
Date

P.O. Box 946 Bladenboro NC 28320
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula Wright	Donna Outlaw
Signature (Required)	Signature (Required)
1206 W Seaboard St	219 Hemlock Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18 Date	4-8-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARTHA L GIBSON
47 J HILL ACRES RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] to

47 J Hill Acres Rd.
Address where application and ballots should be mailed
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

3-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant | Address of Assistant

X
Signature of Assistant | Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Deborah B. Edwards	Luann E Hester
Signature (Required)	Signature (Required)
157 Luther Brisson Rd	8912 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-30-18	3.30.18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public | Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEVE DONOVAN LUDLUM
111 PECAN ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

3-31-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Mary L. Adams	Mildred Godbee
Signature (Required)	Signature (Required)
11316 Center Rd.	11408 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-31-18	3-31-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL PAUL DOWLESS
2766 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]

Signature of Voter (if applicable)

2766 Twisted Hickory Rd
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Section 1 of the *Witnesses' Certification*)

☐ [redacted] n 2 of the *Witnesses'*

4-19-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Jessica K. Dowless
Signature (Required)	Signature (Required)
1206 W Seaboard	2766 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Etown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY SCOTT DEWOLF
13 BETHEL CHURCH RD
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

B[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] am eligible to

[redacted]

P.O. Box 112
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **2** of the *Witnesses'*

4/18/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant — Address of Assistant

X
Signature of Assistant — Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula M. Wright	Dudley A. Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	16776 NC Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Chadbourn NC 28431
City, State and Zip (Required)	City, State and Zip (Required)
4/17/18 Date	4/17/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDON LYNN RICH
178 BUTTERS LOOP RD
BLADENBORO, NC 28320

UNA (REP) -- BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to [redacted]gible ballots.)

178 Butters Loop Rd
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **tion 2** of the *Witnesses'*

4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula Wright	Tonia Gordon
Signature (Required)	Signature (Required)
1206 W Seaboard St	178 Butters Loop Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/16/18	4/16/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA CARROLL BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to [redacted]ligible ballots.)

[redacted]

Box 946 Bladenboro NC
Address where application and ballots should be mailed

28326

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 4/8-18
Sign Date

PO Box 946 Bladenboro NC 28326
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	Donna Outlaw
Signature (Required)	Signature (Required)
1206 W. Seaboard St	219 Pecan St
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28326	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18 Date	4-6-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA KAY BARFIELD
175 ARMFIELD ST
DUBLIN, NC 28332

REP - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that [redacted] ballots for any other [redacted] gible to

[redacted]

P.O. Box 281 Elizabethtown NC 28337
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

X ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the w[redacted] Option 1 of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4/19/18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula M Wright	April Fields
Signature (Required)	Signature (Required)
1206 W Seaboard St	12042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____
COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT ASHLEY LAMBERT
5401 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to [redacted] ots.)

[redacted]
Signature of Voter (if applicable)

5401 Hwy 131 Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] 2 of the *Witnesses'*

4/18/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	April Fields
Signature (Required)	Signature (Required)
1206 W. Seaboard St	1204a Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/18/18 Date	4/18/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHERRY MARIE HILL
191 STEPHIES WAY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to receive. (Check the box to receive eligible ballots.)

191 Stephies way Bladenboro
Address where application and ballots should be mailed
28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] plete **Option 2** of the *Witnesses' Certification*

X [redacted] 4-19-18
Signature of Voter Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	April Fulton
Signature (Required)	Signature (Required)
1206 W Seaboard St	12042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL KASH MAYERS
191 STEPHIES WAY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted] ballots.)

191 Steph's way Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] ete **Option 2** of the *Witnesses'*

4-19-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	April Fields
Signature (Required)	Signature (Required)
1206 W Seaboard	8042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro N.C. 28320
City, State and Zip (Required) 4/19/18 Date	City, State and Zip (Required) 4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDON WAYNE BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted] r any other n eligible to .)

_____

B.x 946 Bladenboro NC
Address where application and ballots should be mailed

28326

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **on 2** of the *Witnesses'*

4/8-18
Date

P.O. Box 946 Bladenboro NC 28320
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

_____ _____
Name of Assistant Address of Assistant

X _____
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula Wright	Donna Outlaw
Signature (Required)	Signature (Required)
1206 W Seaboard St	219 Hemlock Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18 Date	4-8-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LYNNE MARIE DEWOLF
13 BETHEL CHURCH RD
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other eligible to

[redacted]

P.O. Box 112
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

[redacted] 2 of the *Witnesses'*

4/17/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Wesley R Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	1676 NC Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4/17/18 Date	4/17/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL PAUL DOWLESS
2766 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]

2766 Twisted Hickory Rd
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the *Witnesses' Certification*)

☐ [redacted] 2 of the *Witnesses'*

4-19-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Jessica K. Dowless
Signature (Required)	Signature (Required)
1206 W Seaboard	2766 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Etown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY SCOTT DEWOLF
13 BETHEL CHURCH RD
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

[redacted]

P.O. Box 112
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **2** of the *Witnesses'*

4/18/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula M. Wright	Debby H. Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	16776 NC Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Chadbourn NC 28431
City, State and Zip (Required)	City, State and Zip (Required)
4/17/18 Date	4/17/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEVE DONOVAN LUDLUM
111 PECAN ST
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

3-31-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Mary F. Adams	Mildred Godbee
Signature (Required)	Signature (Required)
11316 Center Rd.	11408 Center Rd.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3-31-18	3-31-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL PAUL DOWLESS
2766 TWISTED HICKORY RD
ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted]

2766 Twisted Hickory Rd
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

☐ [redacted] 2 of the *Witnesses'*

4-19-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Jessica K. Dowless
Signature (Required)	Signature (Required)
1206 W Seaboard	2766 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Etown N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY SCOTT DEWOLF
13 BETHEL CHURCH RD
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] eligible to

[redacted]

P.O. Box 112
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **2** of the *Witnesses'*

4/18/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula M. Wright	Debby H. Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	16776 NC Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Chadbourn NC 28431
City, State and Zip (Required)	City, State and Zip (Required)
4/17/18 Date	4/17/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDON LYNN RICH
178 BUTTERS LOOP RD
BLADENBORO, NC 28320

UNA (REP) -- BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to [redacted] gible ballots.)

178 Butters loop Rd
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] tion 2 of the *Witnesses'*

4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula Wright	Tonia Gordon
Signature (Required)	Signature (Required)
1206 W Seaboard St	178 Butters Loop Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/16/18	4/16/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA CARROLL BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to [redacted]eligible ballots.)

[redacted]

Box 946 Bladenboro NC
Address where application and ballots should be mailed

28326

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 4/8-18
Sig[redacted] Date

PoBox 946 Bladenboro NC 28326
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	Donna Outlaw
Signature (Required)	Signature (Required)
1206 W. Seaboard St	219 Pecan St
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28326	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18 Date	4-6-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHERRY MARIE HILL
191 STEPHIES WAY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo

[redacted]

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted]ible ballots.)

[redacted]

191 Stephies way Bladenboro
Address where application and ballots should be mailed

28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] plete **Option 2** of the *Witnesses' Ce*

X [redacted] 4-19-18
Sig Date

[redacted]
Nam

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	April Fulton
Signature (Required)	Signature (Required)
1206 W Seaboard St	12042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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DANIEL KASH MAYERS
191 STEPHIES WAY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted] ballots.)

191 Steph's way Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] ete **Option 2** of the *Witnesses'*

4-19-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	April Fields
Signature (Required)	Signature (Required)
1206 W Seaboard	8042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro N.C. 28320
City, State and Zip (Required) 4/19/18 Date	City, State and Zip (Required) 4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDON WAYNE BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that [redacted] r any other [redacted] eligible to [redacted])

[redacted]

B x 946 Bladenboro NC
Address where application and ballots should be mailed

28326

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] **on 2** of the *Witnesses'*

4/8-18
Date

P.O. Box 946 Bladenboro NC 28320
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula Wright	Donna Outlaw
Signature (Required)	Signature (Required)
1206 W Seaboard St	219 Hemlock Dr.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18 Date	4-8-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

_____ _____
Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TWANDA MONIQUE MULLINS
167 ARMFIELD ST # 4
DUBLIN, NC 28332

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

P.O. Box 508
Address where application and ballots should be mailed
Dublin NC 28332

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	[redacted]
Signature (Required)	Signature (Required)
1206 W Seaboard St	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC. 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/16/18 Date	4-16-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT ASHLEY LAMBERT
5401 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to [redacted] ots.)

5401 Hwy 131 Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] 2 of the *Witnesses'*

4/18/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	April Fields
Signature (Required)	Signature (Required)
1206 W. Seaboard St	12042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/18/18 Date	4/18/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRANDON LYNN RICH
178 BUTTERS LOOP RD
BLADENBORO, NC 28320

UNA (REP) -- BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to [redacted]gible ballots.)

178 Butters loop Rd
Address where application and ballots should be mailed
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

4/16/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula Wright	Tonia Gordon
Signature (Required)	Signature (Required)
1206 W Seaboard St	178 Butters Loop Rd
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/16/18	4/16/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TWANDA MONIQUE MULLINS
167 ARMFIELD ST # 4
DUBLIN, NC 28332

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

P.O. Box 508
Address where application and ballots should be mailed
Dublin NC 28332

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4/16/18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	
Signature (Required)	Signature (Required)
1206 W Seaboard St	210 Pine Ridge Cir
Street Address (Required)	Street Address (Required)
Bladenboro NC. 28320	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/16/18 Date	4-16-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT L DOWLESS SR
7019 ALBERT ST
DUBLIN, NC 28332

UNA (REP) - BLADEN COUNTY

[redacted]

Boa

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other

[redacted]

Signature of Voter (if applicable)

Po Box 443 Dublin NC
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

X two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a [redacted] ses'

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to sist the Voter.

Name of Assistant — Address of Assistant

X
Signature of Assistant — Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Wesley A Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	1676 NC Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4/17/18 Date	4/17/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____
COUNTY OF _____ SEAL

Notary Public — Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA CARROLL BABSON
1676 NC 211 HWY W
CLARKTON, NC 28433

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to receive eligible ballots.)

PO Box 946 Bladenboro NC
Address where application and ballots should be mailed

28326

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] of the *Witnesses'*

[redacted] 4/8-18
Sig Date

PO Box 946 Bladenboro NC 28326
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	Donna Outlaw
Signature (Required)	Signature (Required)
1206 W. Seaboard St	219 Pecan St
Street Address (Required)	Street Address (Required)
Bladenboro N.C. 28326	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/8/18 Date	4-6-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____
COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA KAY BARFIELD
175 ARMFIELD ST
DUBLIN, NC 28332

REP - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that [redacted] gible to

P.O. Box 281 Elizabethtown NC 28337
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the w[redacted] of the *Witnesses' Certification*)

☐ [redacted] of the *Witnesses'*

4/19/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamula M Wright	April Fields
Signature (Required)	Signature (Required)
1206 W Seaboard St	12042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____
COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT ASHLEY LAMBERT
5401 NC 131 HWY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to [redacted]ots.)

[redacted]
Signature of Voter (if applicable)

5401 Hwy 131 Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ [redacted] 2 of the *Witnesses'*

4/18/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela Wright	April Fields
Signature (Required)	Signature (Required)
1206 W. Seaboard St	1204a Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/18/18 Date	4/18/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHERRY MARIE HILL
191 STEPHIES WAY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted] ible ballots.)

191 Stephies way Bladenboro
Address where application and ballots should be mailed
28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] plete **Option 2** of the *Witnesses' Ce*

X [redacted] 4-19-18
Sig Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	April Fulton
Signature (Required)	Signature (Required)
1206 W Seaboard St	12042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/19/18 Date	4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL KASH MAYERS
191 STEPHIES WAY
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] which I am eligible to [redacted] ballots.)

191 Steph's way Bladenboro
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] ete **Option 2** of the *Witnesses'*

4-19-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	April Fields
Signature (Required)	Signature (Required)
1206 W Seaboard	8042 Hwy 211 Bus.
Street Address (Required)	Street Address (Required)
Bladenboro NC	Bladenboro N.C. 28320
City, State and Zip (Required) 4/19/18 Date	City, State and Zip (Required) 4/19/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS LEE HAMMONDS
511 J A CARROLL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

W Bladenboro N.C
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] e *Witnesses'*

4-18-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Pamela M Wright	Wesley T. Carroll
Signature (Required)	Signature (Required)
1206 W Seaboard St	1676 NC Hwy 211 west
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
4/18/18 Date	4/18/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUDOLPH MOORE JR
200 VILLAGE ST # 9B
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] I am eligible to [redacted] llots.)

Signature of Voter (if applicable)

c/o Village St. Apt. 9-B - Bladenboro N.C.
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

[redacted] 3-21-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	James R Bowden
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB FAULK RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18 Date	3-22-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NICKSON STEPHEN NANCE
10107 NC 131 HWY
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]
Signature of Voter (if applicable)

10107 Hwy 131 Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3-21-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Kelly Hendrix	James R. Singletary
Signature (Required)	Signature (Required)
1568 Tar Heel Rd.	216 WEBB FALK RD
Street Address (Required)	Street Address (Required)
Tar Heel NC 28392	BLADENBORO, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/22/18	3-22-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CARLIE WELDON STRICKLAND JR
422 BUTTERS CEMETERY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]

Signature of Voter (if applicable)

422 Butters Cemetery Road
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] 4-1-18

Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James R Strickland	Sandy Lee Shaw
Signature (Required)	Signature (Required)
216 WERB FAULK RD	2753 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
4-1-18	NC 28337 4-1-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENISE GOODEN
10849 NC 242 HWY S
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other [redacted] in which I am eligible to [redacted]eligible ballots.)

Signature of Voter (if applicable)

PO Box 504 BLADENBORO, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ [redacted] **Option 2** of the *Witnesses'*

3-22-18
Date

[redacted]
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James Robert Singleton	Kelly Hendrix
Signature (Required)	Signature (Required)
216 WEBB FAULK RD	1568 Tar Heel Rd.
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Tar Heel NC 28392
City, State and Zip (Required)	City, State and Zip (Required)
3-22-18	3/22/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

IDA L COLLINS
13654 TWISTED HICKORY RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] eligible ballots.)

[redacted]
Signature of Voter (if applicable)

13654 Twisted Hickory Rd.
Address where application and ballots should be mailed
Bladenboro, N.C. 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted] April 14, 2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James R Singletary	Wendy P Hester
Signature (Required)	Signature (Required)
216 WEBB FAULK RD	371 Sunset Park Rd.
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-14-18	4-14-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN DWAYNE CERVANTES
1187 STORMS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] to receive eligible ballots.)

[redacted]
Signature of Voter (if applicable)

1187 Storms Rd Bladenboro N.C
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 4-21-18
Signature Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Rd Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 4-21-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	James R Houghton
Signature (Required)	Signature (Required)
371 Sunset Park Rd.	1216 WEBB FAULK RD
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	BLADENBORO NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-21-2018	4-21-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMAS NEIL SINGLETARY
422 BUTTERS CEMETERY RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other el[redacted]to pa[redacted]

Sig[redacted]

422 Butters Cemetery Rd
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

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☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a [redacted] the *Witnesses' Ce*[redacted]

X [redacted] 4-1-18
Sig[redacted] Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James R Singletary	Sandy Lee Sheard
Signature (Required)	Signature (Required)
216 WEBB FAULK RD	2757 Twisted Hickory Rd
Street Address (Required)	Street Address (Required)
BLADENBORO, NC 28320	Elizabethtown
City, State and Zip (Required) 4-1-18 Date	City, State and Zip (Required) NC 28337 4-1-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOLORES DEAVER KELLY
3332 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA (REP) - , BLADEN COUNTY

[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☑ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote.

[redacted]
Signature of Voter (if applicable)

3332 Old Abbottsburg Rd
Address where application and ballots should be mailed

Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3/31/18
Signature of Voter Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Park Road Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 3/31/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
[redacted]	Woody D Hester
Signature (Required)	Signature (Required)
3332 Old Abbottsburg Rd	371 Sunset Park Road
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/31/18 Date	3/31/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHELIA RICHARDSON PRIEST
357 LENNON BAY DR
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Board Approval Date _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted] ballots.)

[redacted]
Signature of Voter (if applicable)

357 Lennon Bay Dr
Address where application and ballots should be mailed

Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a n[redacted]ion 2 of the *Witnesses' Cer*

X [redacted] 4/4/2018
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody D Hester 371 Sunset Road Bladenboro NC 28320
Name of Assistant Address of Assistant

X Woody D Hester 4-4-2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Woody D Hester	[redacted]
Signature (Required)	Signature (Required)
371 Sunset Rd. K Road [redacted]	192 White owl loop Rd
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
4-4-2018	4-4-2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____
COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES DANIEL CHRISTIAN
192 WHITE OWL LOOP RD
BLADENBORO, NC 28320

UNA (REP) - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that [redacted] s for any other am eligible to ots.)

192 White Owl Loop Road
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

☐ a [redacted] the *Witnesses'*

3/31/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Woody P Hester 3715 Sunset Park Rd Bladenboro 28320
Name of Assistant Address of Assistant

X Woody P Hester 3/31/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
192 White Owl Loop Rd.	3715 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro, N.C. 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
03-31-18 Date	3/31/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NANCY MAE SAMPSON
1254 ZION HILL CHURCH RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

[redacted]
Signature of Voter (if applicable)

PO Box 1230 Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

X [redacted] 3-31-18
Sign Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
371 Summit Park Rd.	912 White Oak Loop Road
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro 28320
City, State and Zip (Required) 3/31/2018 Date	City, State and Zip (Required) 3/31/2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUANITA EVERS HESTER
1208 STORMS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

Bo[redacted]

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]s.)

[redacted]
Signature of Voter (if applicable)

PO Box 174 Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses'*

[redacted]

3/21/2018
Date

[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Mcolly P Hester 371 Sunset Park Rd
Name of Assistant Address of Assistant

X Mrs P Hester 3/21/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot a described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot i my presence, or caused it to be marked in the Voter's presence according to his/her instruction The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respecte the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her reques [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
James Barry Hester	Mrs P Hester
Signature (Required)	Signature (Required)
1208 Storms Road	371 Sunset Park Rd
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
3/21/2018	3/21/20[illegible]
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, o caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RYAN A DEAVER
635 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

[redacted]

B[redacted]

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to [redacted]

Si[redacted]

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☑ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Cer*[redacted]

X [redacted] 4-13-18
Sign Date

Nam[redacted]

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Holly Sut	April Fields
Signature (Required)	Signature (Required)
248 East 4th St	1042 Hwy 211 Busines
Street Address (Required)	Street Address (Required)
Dublin NC 28332	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
4/13/18 4/13/18	4/13/18 4/13/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20 _____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____ SEAL

Notary Public Commission Expiration Date

NCSBE v2018.02